

Perry Guthrie, PhD

Couple's History

The first three pages will be completed together, and the subsequent pages will be done separately.

Client Name: _____ Date: _____

Gender: _____ F _____ M Date of Birth: _____ Age: _____

Client Name: _____ Gender: _____ F _____ M

Date of Birth: _____ Age: _____

Form completed by : _____

Address: _____ City: _____ State: CA Zip: _____

Phone (home): _____ (cell): _____ (cell) _____

Primary reason(s) for seeking services:

_____ Anger management _____ Coping _____ Communication _____ Frequent Arguments

_____ Infidelity _____ Lack Intimacy _____ Sexual concerns

_____ Mental Disorder _____ Parenting

_____ Other concerns (specify): _____

Family Information

| Children | Name | Age | *Whose child? | Living with you | |
|----------|-------|-------|---------------|-----------------|-------|
| | | | | Yes | No |
| 1) | _____ | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ | _____ |
| 4) | _____ | _____ | _____ | _____ | _____ |
| 5) | _____ | _____ | _____ | _____ | _____ |
| 6) | _____ | _____ | _____ | _____ | _____ |

*To answer the Whose child question, the options are as follows:

- B = Both of our natural child
- BA = Both of our adopted child
- M = Mom's natural child
- MA = Mom's adopted child
- F = Father's natural child
- FA = Father's adopted child

Marital Status

Have you been married before? **Client's initials:** _____ Yes _____ No _____
If Yes, how many previous marriages have you had? 1 2 3 4 5+

How long have you been in the current marriage? _____
Are you and spouse/partner currently living together? _____ Yes _____ No
Are you and partner engaged to be married? _____ Yes _____ No

Have you been married before? **Client's initials:** _____ Yes _____ No _____
If Yes, how many previous marriages have you had? 1 2 3 4 5+

How long have you been in the current marriage? _____
Are you and spouse/partner currently living together? _____ Yes _____ No
Are you and partner engaged to be married? _____ Yes _____ No

Development

Are there special, unusual, or traumatic circumstances that affected your development?

Client's initials: _____ Yes _____ No _____

If Yes, please describe: _____

Client's initials: _____ Yes _____ No _____

If Yes, please describe: _____

Spiritual/Religious

How important to are spiritual matters in the relationship? **Client's initials:** _____
_____ Not _____ Little _____ Moderate _____ Much

Are you affiliated with a spiritual or religious group? _____ Yes _____ No

If Yes, describe: _____

How important to are spiritual matters in the relationship? **Client's Initials:** _____
_____ Not _____ Little _____ Moderate _____ Much

Are you affiliated with a spiritual or religious group? _____ Yes _____ No

If Yes, describe: _____

Counseling/Prior Treatment History

Client's initials: _____

| | Yes | No | When | Where | Your reaction to overall experience |
|---|-------|-------|-------|-------|-------------------------------------|
| Counseling/Psychiatric Treatment | _____ | _____ | _____ | _____ | _____ |
| Suicidal thoughts/ Attempts | _____ | _____ | _____ | _____ | _____ |
| Drug/alcohol treatment | _____ | _____ | _____ | _____ | _____ |
| Hospitalizations | _____ | _____ | _____ | _____ | _____ |
| Involvement with self-help groups (e.g., AA, Al-Anon) | _____ | _____ | _____ | _____ | _____ |

NA, Overeaters Anonymous) _____

Client's initials: _____

| | Yes | No | When | Where | Your reaction to overall experience |
|--|-------|-------|-------|-------|-------------------------------------|
| Counseling/Psychiatric Treatment | _____ | _____ | _____ | _____ | _____ |
| Suicidal thoughts/ Attempts | _____ | _____ | _____ | _____ | _____ |
| Drug/alcohol treatment | _____ | _____ | _____ | _____ | _____ |
| Hospitalizations | _____ | _____ | _____ | _____ | _____ |
| Involvement with self-help groups (e.g., AA, Al-Anon NA, Overeaters Anonymous) | _____ | _____ | _____ | _____ | _____ |

Do you feel suicidal at this time? Client's initials: _____ Yes _____ No _____

If Yes, explain: _____

Client's initials: _____ Yes _____ No _____

If Yes, explain: _____

Briefly discuss what you consider to be the presenting problem:

What are your goals for therapy?

Therapist's signature/credentials:

Date:

The following is to be completed separately by each of you. Please complete the following questions without consulting with your spouse/partner.

Client Name: _____ D.O.B. _____

List 5 qualities that initially attracted you to your spouse/partner: Does you partner still possess this trait?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |
| 5) _____ | _____ Yes | _____ No |

List 4 concerns you initially had in the relationship:

Does you partner still possess this trait?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |

List 5 current positive attributes of your spouse/partner:

Do you often praise him/her for this trait?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |
| 5) _____ | _____ Yes | _____ No |

List 5 negative attribute of your spouse/partner:

Do you nag him/her about this trait?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |
| 5) _____ | _____ Yes | _____ No |

List 5 things you do to make marriage fulfilling:

Do you often do this behavior?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |
| 5) _____ | _____ Yes | _____ No |

List 5 things your spouse does to make marriage fulfilling:

Does partner often do this behavior?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |
| 5) _____ | _____ Yes | _____ No |

List 5 expectations you had about marriage before you met your partner:

Has this been fulfilled?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |

5) _____ Yes _____ No

Circle the appropriate response for each (if not applicable, leave blank)

| | Present state of The relationship | | | | | Your need for it | | | | | Partner's need for it | | | | |
|-------------------------|--------------------------------------|---|-------|---|---|------------------|---|------|---|---|-----------------------|---|------|---|---|
| | Poor | | Great | | | Low | | High | | | Low | | High | | |
| 1)Affection | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 2)Childrearing rules | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 3)Commitment together | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 4)Communication | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 5)Emotional closeness | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 6)Financial security | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 7)Honesty | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 8)Housework sharing | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 9)Love | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 10)Physical attraction | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 11)Religious commitment | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 12)Respect | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 13)Sexual fulfillment | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 14)Social life together | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 15)Time together | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 16)Trust | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

Circle the appropriate response for each (if not applicable, leave blank)

(M = Me, P = Partner, E = Equal)

| | M | P | E | Is this fair? | Comments |
|------------------------|---|---|---|----------------|----------|
| 1)Auto repairs | | | | ___ Yes ___ No | _____ |
| 2)Child care | | | | ___ Yes ___ No | _____ |
| 3)Child discipline | | | | ___ Yes ___ No | _____ |
| 4)Cleaning bathrooms | | | | ___ Yes ___ No | _____ |
| 5)Cooking | | | | ___ Yes ___ No | _____ |
| 6)Employment | | | | ___ Yes ___ No | _____ |
| 7)Grocery shopping | | | | ___ Yes ___ No | _____ |
| 8)House cleaning | | | | ___ Yes ___ No | _____ |
| 9)Inside repairs | | | | ___ Yes ___ No | _____ |
| 10)Laundry | | | | ___ Yes ___ No | _____ |
| 11)Making bed | | | | ___ Yes ___ No | _____ |
| 12)Outside repairs | | | | ___ Yes ___ No | _____ |
| 13)Recreational events | | | | ___ Yes ___ No | _____ |
| 14)Sweeping kitchen | | | | ___ Yes ___ No | _____ |
| 15)Taking out garbage | | | | ___ Yes ___ No | _____ |
| 16)Washing dishes | | | | ___ Yes ___ No | _____ |
| 17)Yard work | | | | ___ Yes ___ No | _____ |
| 18)_____ | | | | ___ Yes ___ No | _____ |

How often do you have:

Mild arguments? _____

Severe arguments? _____

After a MILD argument is over how do you feel? Check best responses.

After a SEVERE argument is over how do you feel? Check best responses.

Angry Lonely
 Anxious Nauseous
 Childish Numb
 Defeated Regretful
 Depressed Relieved
 Guilty Stupid
 Happy Victimized
 Hopeless Worthless
 Irritable

Angry Lonely
 Anxious Nauseous
 Childish Numb
 Defeated Regretful
 Depressed Relieved
 Guilty Stupid
 Happy Victimized
 Hopeless Worthless
 Irritable

Which of the following issues/behaviors of you and/or your partner may be attributable to your relationship or personal conflicts? If it does not apply, leave it blank. Circle best responses.

(M = My behavior P = Partner's behavior B = Both)

| | | | |
|----------------------------------|-------|-------------------|-------|
| Alcohol | M P B | Outside interests | M P B |
| Childishness | M P B | Past failures | M P B |
| Controlling | M P B | Perfectionist | M P B |
| Defensiveness | M P B | Possessive | M P B |
| Degrading | M P B | Spends too much | M P B |
| Demanding | M P B | Steals | M P B |
| Drugs | M P B | Stubbornness | M P B |
| Flirts with others | M P B | Uncaring | M P B |
| Gambling | M P B | Unstable | M P B |
| Irresponsible | M P B | Violent | M P B |
| Lies | M P B | Withdrawn | M P B |
| Past marriage(s)/relationship(s) | M P B | Works too much | M P B |

I, _____, hereby give my permission for Perry Guthrie, PhD, to share the information that I provide on this form to _____ (spouse/partner) when it is deemed appropriate by my therapist. The sharing of information will take place during a couple's therapy session.

Client's signature: _____ Date: _____

The following is to be completed separately by each of you. Please complete the following questions without consulting with your spouse/partner.

Client Name: _____ **D.O.B.** _____

List 5 qualities that initially attracted you to your spouse/partner: Does you partner still possess this trait?

| | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |
| 5) _____ | _____ Yes | _____ No |

List 4 concerns you initially had in the relationship:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Does your partner still possess this trait?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

List 5 current positive attributes of your spouse/partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Do you often praise him/her for this trait?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

List 5 negative attribute of your spouse/partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Do you nag him/her about this trait?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

List 5 things you do to make marriage fulfilling:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Do you often do this behavior?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

List 5 things your spouse does to make marriage fulfilling:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Does partner often do this behavior?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

List 5 expectations you had about marriage before you Met your partner:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Has this been fulfilled?

- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No
- _____ Yes _____ No

Circle the appropriate response for each (if not applicable, leave blank)

| | Present state of The relationship | | | | | Your need for it | | | | | Partner's need for it | | | | |
|--------------|--------------------------------------|---|-------|---|---|------------------|---|------|---|---|-----------------------|---|------|---|---|
| | Poor | | Great | | | Low | | High | | | Low | | High | | |
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1) Affection | | | | | | | | | | | | | | | |

| | | | |
|-------------------------|-----------|-----------|-----------|
| 2)Childrearing rules | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 3)Commitment together | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 4)Communication | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 5)Emotional closeness | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 6)Financial security | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 7)Honesty | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 8)Housework sharing | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 9)Love | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 10)Physical attraction | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 11)Religious commitment | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 12)Respect | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 13)Sexual fulfillment | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 14)Social life together | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 15)Time together | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 16)Trust | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

Circle the appropriate response for each (if not applicable, leave blank)

(M = Me, P = Partner, E = Equal)

| | | Is this fair? | Comments |
|------------------------|-------|----------------|----------|
| 1)Auto repairs | M P E | ___ Yes ___ No | _____ |
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| 5)Cooking | M P E | ___ Yes ___ No | _____ |
| 6)Employment | M P E | ___ Yes ___ No | _____ |
| 7)Grocery shopping | M P E | ___ Yes ___ No | _____ |
| 8)House cleaning | M P E | ___ Yes ___ No | _____ |
| 9)Inside repairs | M P E | ___ Yes ___ No | _____ |
| 10)Laundry | M P E | ___ Yes ___ No | _____ |
| 11)Making bed | M P E | ___ Yes ___ No | _____ |
| 12)Outside repairs | M P E | ___ Yes ___ No | _____ |
| 13)Recreational events | M P E | ___ Yes ___ No | _____ |
| 14)Sweeping kitchen | M P E | ___ Yes ___ No | _____ |
| 15)Taking out garbage | M P E | ___ Yes ___ No | _____ |
| 16)Washing dishes | M P E | ___ Yes ___ No | _____ |
| 17)Yard work | M P E | ___ Yes ___ No | _____ |
| 18)_____ | M P E | ___ Yes ___ No | _____ |

How often do you have:

Mild arguments? _____

Severe arguments? _____

After a MILD argument is over how do you feel? Check best responses.

- ___ Angry ___ Lonely
- ___ Anxious ___ Nauseous
- ___ Childish ___ Numb
- ___ Defeated ___ Regretful
- ___ Depressed ___ Relieved
- ___ Guilty ___ Stupid
- ___ Happy ___ Victimized

After a SEVERE argument is over how do you feel? Check best responses.

- ___ Angry ___ Lonely
- ___ Anxious ___ Nauseous
- ___ Childish ___ Numb
- ___ Defeated ___ Regretful
- ___ Depressed ___ Relieved
- ___ Guilty ___ Stupid
- ___ Happy ___ Victimized

___ Hopeless ___ Worthless
___ Irritable

___ Hopeless ___ Worthless
___ Irritable

Which of the following issues/behaviors of you and/or your partner may be attributable to your relationship or personal conflicts? If it does not apply, leave it blank. Circle best responses.

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| | | | | | | | |
|----------------------------------|---|---|---|-------------------|---|---|---|
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| Childishness | M | P | B | Past failures | M | P | B |
| Controlling | M | P | B | Perfectionist | M | P | B |
| Defensiveness | M | P | B | Possessive | M | P | B |
| Degrading | M | P | B | Spends too much | M | P | B |
| Demanding | M | P | B | Steals | M | P | B |
| Drugs | M | P | B | Stubbornness | M | P | B |
| Flirts with others | M | P | B | Uncaring | M | P | B |
| Gambling | M | P | B | Unstable | M | P | B |
| Irresponsible | M | P | B | Violent | M | P | B |
| Lies | M | P | B | Withdrawn | M | P | B |
| Past marriage(s)/relationship(s) | M | P | B | Works too much | M | P | B |

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Client's signature: _____ Date: _____