

Daniel M Zimet, Ph.D. LLC
10801 Hickory Ridge Rd #220
Columbia, Maryland 21044



Intake Questionnaire - Couple

Name _____ Date _____

Street address _____ Date of Birth _____

City/state/zip _____ Age _____ Gender _____

Phone # (H) _____ (C) _____ (W) _____

Email _____ Preferred means of contact _____

Employer/School _____

Emergency contact name: _____ Phone #: _____

Spouse/Partner's name: _____

1. Please provide a brief statement explaining your greatest concerns about the relationship:

2. What do you believe are your partner's greatest concerns about the relationship?

3. If you attended individual or couple therapy in the past, when did you attend and for what reason(s)?

4. If you are currently utilizing mental health services, please identify the type of service and who you are seeing:

5. Please indicate with a 'check' those issues concerning you; please 'X' your concerns about your spouse:

- | | |
|--|--|
| <input type="checkbox"/> Depression – sad, unhappy | <input type="checkbox"/> Few friends or poor social skills |
| <input type="checkbox"/> Anxiety – nervous, worrying a lot | <input type="checkbox"/> Anger management problems |
| <input type="checkbox"/> Procrastination | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Work problems (i.e., dissatisfaction) | <input type="checkbox"/> Poor concentration and attention |
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Few interests or hobbies |
| <input type="checkbox"/> Low self-esteem/lacks self-confidence | <input type="checkbox"/> Victim of a violent crime or domestic abuse |
| <input type="checkbox"/> Physical complaints/medical problems | <input type="checkbox"/> History of suicide attempt |
| <input type="checkbox"/> Quickly changing moods | <input type="checkbox"/> Current Suicidal thoughts/attempts |
| <input type="checkbox"/> History of or current drug/alcohol abuse | <input type="checkbox"/> Dependent – Insufficient autonomy |
| <input type="checkbox"/> Low energy or tired a lot | <input type="checkbox"/> Recently divorced or separated |
| <input type="checkbox"/> Easily irritated – grumpy a lot | <input type="checkbox"/> Significant conflict with family members |
| <input type="checkbox"/> Relationship/marriage problems | <input type="checkbox"/> Unusual/bizarre behavior |
| <input type="checkbox"/> Disorganization or hoarding | <input type="checkbox"/> Panic attacks or excessive fearfulness |
| <input type="checkbox"/> Loss/death of someone close to you | <input type="checkbox"/> History of emotional/physical/sexual abuse |
| <input type="checkbox"/> Caring for someone with a chronic illness | <input type="checkbox"/> Sexual dysfunction/poor sex-life |
| <input type="checkbox"/> Lacking assertiveness skills | <input type="checkbox"/> Gay/Lesbian/Bisexual concerns |
| <input type="checkbox"/> Parenting challenges | <input type="checkbox"/> Problems with food or weight |
| <input type="checkbox"/> Problems with thinking clearly or confusion | <input type="checkbox"/> Cuts/burns or otherwise harm yourself |
| <input type="checkbox"/> Feeling like most people can't be trusted | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> No goals or ambitions for the future | <input type="checkbox"/> Feeling out of control |
| <input type="checkbox"/> Excessive video-game playing | <input type="checkbox"/> Life seems meaningless |

6. Please provide the name and age of your children, and indicate any concerns you have:

7. Please describe your current employment and satisfaction with your job: _____

8. What is your highest level of education and in what subject? _____

9. Please describe your typical weekly exercise: _____

10. Please describe your typical nightly sleep schedule: _____

11. Please describe the quality of your diet: _____

12. Please describe your current alcohol/drug use: _____

13. Is there additional information about you that can help me better understand your marriage?

14. What are the strengths of your relationship – what do you enjoy about your marriage?

15. How do you and your partner resolve conflicts or differences in opinion?

16. Please indicate any significant events that have impacted your relationship (e.g., an affair, infertility).

17. Please state the extent of agreement or disagreement between you and your partner on these topics:

	Usually agree	Sometimes agree	Neither agree/disagree	Sometimes disagree	Usually disagree
Spending money/finances					
Leisure activities and free time					
Friends and who you spend time with					
Ways of dealing with in-laws					
Making big decisions					
Child rearing/parenting practices					
Your sex life					
Alcohol or drug use					
Balancing work life and family life					
Balancing time together and time apart					
Cleanliness and domestic responsibilities					
Overall philosophy of what is important					
Religious practices					

18. On a scale of 0 to 100 please indicate the overall happiness and satisfaction, everything considered, of your marriage at this point in time. On this scale 50 represents a middle point of “neither happy nor unhappy,” and the scale gradually ranges to 0 (for the rare person who is completely unhappy) and to 100 (for the rare person who is completely happy).

Your happiness	Your partner's happiness