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 Marital Information Form

- 1) Name: \_\_\_\_\_ 2) Age: \_\_\_\_\_ 3) Date: \_\_\_\_\_  
 4) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 5) Briefly, what is your main purpose in coming to marital therapy? \_\_\_\_\_  
 \_\_\_\_\_

**Instructions:** To assist us in helping you, please fill out this form as fully and openly as possible. Your answers will help plan a course of marital therapy that is most suitable for you and your spouse. Do not exchange this information with your spouse.

Several of your answers on this form may be shared later with your spouse during joint therapy sessions if you give us permission to share this information. For this reason you are advised to respond honestly and carefully to each item. If certain questions do not apply to you or you do not want to share this information, please leave them blank.

- 6) Is this your first marriage?  Yes  No  
 If No, which marriage is it for you? 2 3 4 5+  
 7) How long have you and your present spouse been married? \_\_\_\_\_  
 8) Are you and your spouse presently living together?  Yes  No  
 If No, why not? \_\_\_\_\_  
 9) How many times have you and your spouse separated? \_\_\_\_\_  
 10) Fill out the following information for each child of whom the natural parent is both you and your partner, children from previous relationships, and adopted children.

- \*"Whose child?" answering options: B = Both of ours, natural child  
 BA = Both of ours, adopted (or taken on)  
 M = My natural child  
 MA = My child, adopted (or taken on)  
 S = Spouse's natural child  
 SA = Spouse's child, adopted (or taken on)

	Child's name	Age	Sex	*Whose child?	Lives with you and spouse?	
1)	_____	_____	F M	_____	___ Yes ___ No	
2)	_____	_____	F M	_____	___ Yes ___ No	
3)	_____	_____	F M	_____	___ Yes ___ No	
4)	_____	_____	F M	_____	___ Yes ___ No	
5)	_____	_____	F M	_____	___ Yes ___ No	
6)	_____	_____	F M	_____	___ Yes ___ No	
7)	_____	_____	F M	_____	___ Yes ___ No	
8)	_____	_____	F M	_____	___ Yes ___ No	

11) List five qualities that initially attracted you to your spouse:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Does your spouse still possess this trait?

- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No

12) List four negative concerns that you initially had in the relationship:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Does your spouse still possess this trait?

- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No

13) List five present positive attributes of your spouse:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Do you often praise your spouse for this trait?

- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No

14) List five present negative attributes of your spouse:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Do you nag your spouse about this trait?

- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No

15) List five things you do (or could do) to make the marriage more fulfilling for your spouse:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Do you often implement this behavior?

- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No

16) List five things that your spouse does (or could do) to make the marriage more fulfilling for you: behavior?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Does your spouse often implement this

- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No
- \_\_\_ Yes \_\_\_ No

- 17) List five expectations or dreams you had about marriage before you married your spouse: Has this been fulfilled?
- |          |         |        |
|----------|---------|--------|
| 1) _____ | ___ Yes | ___ No |
| 2) _____ | ___ Yes | ___ No |
| 3) _____ | ___ Yes | ___ No |
| 4) _____ | ___ Yes | ___ No |
| 5) _____ | ___ Yes | ___ No |

18) On a scale of 1 to 5 rate the following items as they pertain to:

- 1) The present state of the marriage
- 2) Your need or desire for it
- 3) Your spouse's need or desire for it

**Circle the Appropriate Response for Each**

	Present state of the marriage					Your need or desire					Spouse's need or desire				
	Great		Low			Low		High			Low		High		
Poor															
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
Other (specify)															
17) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
18) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
19) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
20) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

19) Which partner spends more time conducting the following activities?

**Circle the Appropriate Response for Each**

(M = Me S = Spouse E = Equal time)

	M	S	E	Is this equitable (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	M	S	E	___	Yes	___	No	_____
12) Outside repairs	M	S	E	___	Yes	___	No	_____
13) Recreational events	M	S	E	___	Yes	___	No	_____
14) Social activities	M	S	E	___	Yes	___	No	_____
15) Sweeping kitchen	M	S	E	___	Yes	___	No	_____
16) Taking out garbage	M	S	E	___	Yes	___	No	_____
17) Washing dishes	M	S	E	___	Yes	___	No	_____
18) Yard work	M	S	E	___	Yes	___	No	_____
19) Other: _____	M	S	E	___	Yes	___	No	_____
20) Other: _____	M	S	E	___	Yes	___	No	_____

20) If some of the following behaviors take place only during MILD arguments circle an "M" in the appropriate blanks. If they take place only during SEVERE arguments, circle an "S." If they take place during ALL arguments circle an "A." Fill this out for you and you impression of your spouse. If certain behaviors do not take place, leave them blank.

**Circle the Appropriate Response for Each**

(M = Mild arguments only S = Severe arguments only A = All arguments)

<b>Behavior</b>	<b>By me</b>			<b>By spouse</b>			<b>Should this change?</b>		
1) Apologize	M	S	A	M	S	A	___	Yes ___	No
2) Become silent	M	S	A	M	S	A	___	Yes ___	No
3) Bring up the past	M	S	A	M	S	A	___	Yes ___	No
4) Criticize	M	S	A	M	S	A	___	Yes ___	No
5) Cruel accusations	M	S	A	M	S	A	___	Yes ___	No
6) Cry	M	S	A	M	S	A	___	Yes ___	No
7) Destroy property	M	S	A	M	S	A	___	Yes ___	No
8) Leave the house	M	S	A	M	S	A	___	Yes ___	No
9) Make peace	M	S	A	M	S	A	___	Yes ___	No
10) Moodiness	M	S	A	M	S	A	___	Yes ___	No
11) Not listen	M	S	A	M	S	A	___	Yes ___	No
12) Physical abuse	M	S	A	M	S	A	___	Yes ___	No
13) Physical threats	M	S	A	M	S	A	___	Yes ___	No
14) Sarcasm	M	S	A	M	S	A	___	Yes ___	No
15) Scream	M	S	A	M	S	A	___	Yes ___	No
16) Slam doors	M	S	A	M	S	A	___	Yes ___	No
17) Speak irrationally	M	S	A	M	S	A	___	Yes ___	No
18) Speak rationally	M	S	A	M	S	A	___	Yes ___	No
19) Sulk	M	S	A	M	S	A	___	Yes ___	No
20) Swear	M	S	A	M	S	A	___	Yes ___	No
21) Threaten divorce	M	S	A	M	S	A	___	Yes ___	No
22) Threaten to take kids	M	S	A	M	S	A	___	Yes ___	No
23) Throw things	M	S	A	M	S	A	___	Yes ___	No
24) Verbal abuse	M	S	A	M	S	A	___	Yes ___	No
25) Yell	M	S	A	M	S	A	___	Yes ___	No
26) _____	M	S	A	M	S	A	___	Yes ___	No
27) _____	M	S	A	M	S	A	___	Yes ___	No
28) _____	M	S	A	M	S	A	___	Yes ___	No

21) How often do you have: Mild arguments? \_\_\_\_\_  
 Severe arguments? \_\_\_\_\_

22) When a MILD argument is over  
how do you usually feel?

**Check Appropriate Responses**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry     | <input type="checkbox"/> Lonely     |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Nauseous   |
| <input type="checkbox"/> Childish  | <input type="checkbox"/> Numb       |
| <input type="checkbox"/> Defeated  | <input type="checkbox"/> Regretful  |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved   |
| <input type="checkbox"/> Guilty    | <input type="checkbox"/> Stupid     |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless  | <input type="checkbox"/> Worthless  |
| <input type="checkbox"/> Irritable |                                     |

23) When a SEVERE argument is over  
how do you usually feel?

**Check Appropriate Responses**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry     | <input type="checkbox"/> Lonely     |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Nauseous   |
| <input type="checkbox"/> Childish  | <input type="checkbox"/> Numb       |
| <input type="checkbox"/> Defeated  | <input type="checkbox"/> Regretful  |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved   |
| <input type="checkbox"/> Guilty    | <input type="checkbox"/> Stupid     |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless  | <input type="checkbox"/> Worthless  |
| <input type="checkbox"/> Irritable |                                     |

24) Which of the following issues or behaviors of you and/or your spouse may be attributable to your marital or personal conflicts? If an item does not apply, leave it blank.

**Circle the Appropriate Responses**

(M = My behavior S = Spouse's behavior B = Both)

- |                     |   |   |   |                 |   |   |   |
|---------------------|---|---|---|-----------------|---|---|---|
| Alcohol consumption | M | S | B | Perfectionist   | M | S | B |
| Childishness        | M | S | B | Possessive      | M | S | B |
| Controlling         | M | S | B | Spends too much | M | S | B |
| Defensiveness       | M | S | B | Steals          | M | S | B |
| Degrading           | M | S | B | Stubbornness    | M | S | B |
| Demanding           | M | S | B | Uncaring        | M | S | B |
| Drugs               | M | S | B | Unstable        | M | S | B |
| Flirts with others  | M | S | B | Violent         | M | S | B |
| Gambling            | M | S | B | Withdrawn       | M | S | B |
| Irresponsibility    | M | S | B | Works too much  | M | S | B |
| Lies                | M | S | B | Other (specify) |   |   |   |
| Past marriage(s)    | M | S | B | _____           | M | S | B |
| Other's advice      | M | S | B | _____           | M | S | B |
| Outside interests   | M | S | B | _____           | M | S | B |
| Past failures       | M | S | B | _____           | M | S | B |

25) In the remaining space please provide additional information that would be helpful:

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I, \_\_\_\_\_, hereby give my permission for this clinic to share the information that I provide on this form to \_\_\_\_\_ (spouse) when it is deemed appropriate by an agreement between me, my spouse, and out therapist. This sharing of information may take place only during a joint counseling session (both spouses present).

Client's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE RETURN THIS AND OTHER ASSESSMENT MATERIALS TO THIS OFFICE AT LEAST TWO DAYS BEFORE YOUR NEXT APPOINTMENT.