## Marital Counseling Initial Intake Form

Name			I	Date		
		ating your level of events in your r		action begin	ning with who	en you met
Complete satis	sfaction					
No satisfaction	1					
		Re	elationship over ti	me		
		vel of marital hap t the relationship.		ling the nun	nber which co	rresponds with
0	1	2	3	4	5	6
Extemely Unhappy	Fairly Unhappy	A Little Unhappy	Нарру	Very Happy	Extremely Happy	Perfect

Please make at least one suggestion as to something you could personally do to improve the marriage regardless of what your partner does.

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	or your partner been in individual counseling before? If so, mary
	r your partner drink alcohol to intoxication or take drugs to intoxication? yes for either, who, how often and what drugs or alcohol?
the other person	or your partner struck, physically restrained, used violence against or injured a within the last three years? If yes for either, who, how often an
Has either of yo	ou threatened to separate or divorce as a result of the current marital problems
	or your partner consulted with a lawyer about divorce? If yes,
who?	<del></del>
Do you perceiv	e that either you or your partner has withdrawn from the marriage? es, which of you has withdrawn?
Do you perceiv If y	e that either you or your partner has withdrawn from the marriage?
Do you perceiv If y How frequently	e that either you or your partner has withdrawn from the marriage? es, which of you has withdrawn?
Do you perceiv If y How frequently How enjoyable Terrible	et that either you or your partner has withdrawn from the marriage? es, which of you has withdrawn?times  have you had sexual relations during the last month?times  is your sexual relationship? (Circle one)  More unpleasant Not pleasant, More pleasant Gre than pleasant not unpleasant than unpleasant  re you with the frequency of your sexual relations? (Circle one)
Do you perceiv If y How frequently How enjoyable Terrible  How satisfied a Way too often to suit me  What is your co	es, which of you has withdrawn?times  thave you had sexual relations during the last month?times  is your sexual relationship? (Circle one)  More unpleasant Not pleasant, More pleasant Gre than pleasant not unpleasant than unpleasant  re you with the frequency of your sexual relations? (Circle one)  A bit too About right A bit too Way to seldom often to seldom to to suit me