

Child and Family Counseling Group

3880 S. Bascom Ave., Ste. 115 San Jose, CA 95124

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Marital History Questionnaire

Name: _____ Date of Birth: _____

Address: _____

Phone: (Home) _____ (Work) _____

(Cell) _____

Email: _____

I preferred to be called at: ___ home ___ work ___ cell ___ no preference

Children

Name	Date of Birth	Currently lives with		
		Mother	Father	Both

Current Marital Circumstances

Date of marriage _____ Number of years married _____

Reason you married _____

Currently separated? Yes/No Date of separation _____

Filed for divorce? Yes/No Date of filing _____

Who filed? _____ Attorneys engaged? Yes/No

Wife's attorney _____ Husband's attorney _____

Please check one:

Did you expect this separation?

- ___ Yes, for a long time
- ___ Yes, but only recently
- ___ No, it was unexpected

Did you want this separation/divorce?

- ___ Not at all
- ___ Have mixed feelings
- ___ Want it very much
- ___ No, but I am resigned to it
- ___ Feel it is for the best

If previously married, list the date(s) of previous marriages and divorces:

Check all that apply:

Factors contributing to the decision to separate/divorce:	
Recently had difficulty communicating	
Always had difficulty communicating	
Differences in interests	
Differences in education level	
Differences in ethnic or racial background	
Differences in expectations about marriage	
Differences in expectations about family life	
Changes in lifestyle/ values	
Lacked love for one another	
Verbal abuse	
Bored	
Sexual difficulties	
In love with another person	
Financial problems	
Unfaithful, infidelity	
Abuse or neglect of children	
Job or school commitment	
Suspiciousness, jealousy	
Neglect of home	
Trouble with in-law	
Drinking	
Drug use	
Physical abuse	
Depression	
Sexual abuse	

Other (explain)

Check all that apply:

Major life events and/or changes occurring within the last twelve months:	
Started school or training program	
Graduated from school or training program	
Entered job market	
Changed job	
Lost job	
Moved residence	
Financial troubles	
Increase in financial responsibilities	
Legal problems	
Increase in financial responsibilities	
Legal problems	
Arrested and/or jailed	
Separation or divorce of friend or relative	
Health problems (self, spouse, children)	
Drinking or drug problems	
Began treatment for drinking or drug problems	
Began psychotherapy	
Began new medications	
Significant weight gain or loss	
Nanny, au pair or aging parent joined the household	
Nanny, au pair or aging parent left the household	
Death of a household pet	
Pregnancy	
Miscarriage	
Abortion	
Fertility problems	
Changes in childcare	
Children had trouble in school	
Onset of menopause	
Mid-life crisis	
Victim of a crime	
Auto accident	
Undertaken major new expenses	
Natural disaster	

Other (explain)

Personal concerns and priorities at time of separation or divorce:

At this time of major change in our family:

I worry that I will:

I am concerned that my children will:

It's important to me that the separation/divorce process:

I think that my spouse will:

With regard to the future:

I worry that I will:

I am concerned that my children will:

It's important to me that:

I think that my spouse will:

Support system

Current sources of emotional support:	
Friends	
Family	
Neighbors	
Co-workers	
Religion or spiritual practice	
Therapist/counselor	
Lawyer	

Other _____

Occupation

What is your occupation?	
Are you currently employed?	
If yes, where are you employed?	
How long have you held your current position?	

How satisfied are you with your current job/mark situation?

Very satisfied _____

Moderately satisfied _____

Moderately unhappy _____

Extremely unhappy _____

Income

What is the approximate gross monthly income you have to live on at the present time?

Describe changes, if any, in your income since your separation:

Personal History

Have you had any physical or mental illnesses, significant health problems or serious accidents that affect you for an extended period of time? If so, please list:

Your health in early childhood was generally:

Good _____

Fair _____

Poor _____

At present, your health is generally:

Good _____ Fair _____ Poor _____

How long ago was your last physical?

Are you concerned about your own drug/alcohol use or that of your partner?

Yes / No If yes, please explain:

List all drugs you are taking (including aspirin, vitamins, sleeping pills, etc.):

Are you currently in couple's, family, or individual therapy or counseling?

Yes / No If yes, with whom? _____

Have you previously been in couple's, family, or individual therapy or counseling?

Yes / No If yes, what type of counseling was it? _____

For how long? _____ With whom? _____

Collaborative Divorce Process

How did you hear about Collaborative Divorce?

What do you hope to accomplish by choosing Collaborative Divorce?

What do you consider to be the main issues?

What are your hopes for the future?

Beyond the information you have listed here, what else do you feel is important for us to know about you and your current situation?

