



## MARITAL HISTORY QUESTIONNAIRE

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**(Cell)** \_\_\_\_\_ **(E-mail)** \_\_\_\_\_

I prefer to be contacted at: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_ e-mail \_\_\_\_\_

### CHILDREN

Name	Date of Birth	Currently lives with:		
		Mother	Father	Both
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### CURRENT MARITAL CIRCUMSTANCES

**Years Married** \_\_\_\_\_ **Date of marriage** \_\_\_\_\_

Reason you married : \_\_\_\_\_

\_\_\_\_\_

Reason you are divorcing: \_\_\_\_\_

\_\_\_\_\_

Currently separated? Yes/No \_\_\_\_\_ Date of separation \_\_\_\_\_

Filed for divorce? Yes/No \_\_\_\_\_ Date of filing \_\_\_\_\_

Wife's Attorney: \_\_\_\_\_ Husband's attorney: \_\_\_\_\_

**Check one:**

Did you expect this separation?  
Yes, for a long time \_\_\_\_\_  
Yes, but only recently \_\_\_\_\_  
Unexpected \_\_\_\_\_

Do you want this separation/divorce?  
Not at all \_\_\_\_\_  
Have mixed feelings \_\_\_\_\_  
Want it very much \_\_\_\_\_  
No, but 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 separation/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-laws..... \_\_\_\_\_
- 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..... \_\_\_\_\_
- 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) \_\_\_\_\_

**LEVEL OF CONFLICT**

**On a scale of 1-10, rate the level of conflict and anger in your marriage:**

**PRIOR TO THE DIVORCE PROCESS:**

	Low -----High
Level of conflict in marriage	1 2 3 4 5 6 7 8 9 10
Level of your anger	1 2 3 4 5 6 7 8 9 10
Level of other's anger	1 2 3 4 5 6 7 8 9 10

**NOW THAT YOU ARE IN THE DIVORCE PROCESS, rate the level of conflict and anger:**

	Low -----High
Level of conflict	1 2 3 4 5 6 7 8 9 10
Level of your anger	1 2 3 4 5 6 7 8 9 10
Level of other's anger	1 2 3 4 5 6 7 8 9 10

**CONCERNS AND PRIORITIES AT SEPARATION/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 I will \_\_\_\_\_  
\_\_\_\_\_

I am concerned that my children will \_\_\_\_\_  
\_\_\_\_\_

It is important to me that \_\_\_\_\_  
\_\_\_\_\_

I think that my spouse will \_\_\_\_\_  
\_\_\_\_\_

**SUPPORT SYSTEM**

*Current sources of emotional support:*

Friends \_\_\_\_\_ Religion or spiritual practice \_\_\_\_\_  
Family \_\_\_\_\_ Therapist/counselor \_\_\_\_\_  
Neighbors \_\_\_\_\_ Lawyer \_\_\_\_\_  
Co-workers \_\_\_\_\_  
Other: \_\_\_\_\_

---

**OCCUPATION**

Are you current employed? Yes/No  
If yes, where are you employed? \_\_\_\_\_  
What is your occupation? \_\_\_\_\_  
How long have you held your current position? \_\_\_\_\_  
How satisfied are you with your current job/work situation?  
Very satisfied \_\_\_\_\_ Moderately satisfied \_\_\_\_\_  
Moderately unhappy \_\_\_\_\_ Extremely unhappy \_\_\_\_\_  
Is your spouse currently employed? Yes/No  
If yes: occupation/employer and for how long? \_\_\_\_\_

---

**PERSONAL HISTORY**

Have you ever had any physical or mental illnesses, significant health problems or serious accidents that affected 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 \_\_\_\_\_

Approximately when 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 couples, family or individual therapy or counseling? Yes/No

If yes, with whom? \_\_\_\_\_

Have you previously been in couples, family or individual therapy or counseling? Yes/No

If yes, what type of counseling was it? \_\_\_\_\_  
For how long and with whom? \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_

**COLLABORATIVE PROCESS**

How did you hear about the Collaborative Process? \_\_\_\_\_  
\_\_\_\_\_

What do you hope to accomplish by choosing the Collaborative Process?

\_\_\_\_\_  
\_\_\_\_\_

What do you consider to be the main issues. Please list :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_