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MARITAL HISTORY QUESTIONNAIRE

Name: _____ **Date of Birth:** _____

Address: _____

Phone: (Home) _____ **(Work)** _____

CHILDREN

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

CURRENT MARITAL CIRCUMSTANCES

Years married _____ **Date of marriage** _____

Reasons you married _____

Currently separated? Yes/No _____ Date of separation _____
Filed for divorce? Yes/No _____ Date of filing _____
Who filed? _____ Lawyers engaged? Yes/No _____

Wife's Lawyer _____ Husband's Lawyer _____

Check one:

Did you expect this separation?	Did you want this separation/divorce?
Yes, for a long time _____	Not at all _____
Yes, but only recently _____	Have mixed feelings _____
Yes, but only recently _____	Want it very much _____
Unexpected _____	No, but am resigned to it _____
	Feel it is for the best _____

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

Factors contributing to the decision to separate/divorce (check all that apply):

- 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) _____
-

Major life events and/or changes occurring within the last twelve months (check all that apply):

- 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 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 is 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 (explain) _____

Occupation

What is your occupation? _____

Are you currently employed? _____ Yes/No

If yes, where are you employed? _____

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 _____

Personal History

Have you ever 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, family or individual therapy or counseling?

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

For how long? _____

With whom? _____

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

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

For how long? _____

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: _____

Process

How did you hear about Collaborative Practice? _____

What do you hope to accomplish by choosing Collaborative Practice? _____

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 me to know about you and your current situation? _____

