

# Marital Counseling History Questionnaire

Name \_\_\_\_\_

Duration of current marriage \_\_\_\_\_

Number of children from current marriage \_\_\_\_\_

Number of previous marriages \_\_\_\_\_

Number of children from previous marriages \_\_\_\_\_

Age \_\_\_\_\_ Education (years completed) \_\_\_\_\_

Are you currently employed outside your home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how many hours per week do you usually work? \_\_\_\_\_

What is your present occupation? \_\_\_\_\_

Age of oldest (or only) child \_\_\_\_\_ Age of youngest child \_\_\_\_\_

Best time to be reached \_\_\_\_\_

Has infidelity ever been an issue in your marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

Is infidelity an issue in your marriage now? Yes \_\_\_\_\_ No \_\_\_\_\_

Are drugs and/or alcohol an issue in your marriage now? Yes \_\_\_\_\_ No \_\_\_\_\_

If you need additional space for the items below, please use the back side of this page.

Books you have read on the topic of marriage \_\_\_\_\_

Seminars you have attended on the topic of marriage \_\_\_\_\_

Briefly describe any counseling you have received in the past. Include dates, specific goals, and the outcome of the counseling. (Did you achieve your goals?)

1. Dates \_\_\_\_\_

Goals \_\_\_\_\_

Outcome \_\_\_\_\_

2. Dates \_\_\_\_\_

Goals \_\_\_\_\_

Outcome \_\_\_\_\_