

MARITAL HISTORY QUESTIONNAIRE

Name: _____ Date of Birth: _____

Address: _____

Phone: (Home) _____ (Work) _____

I prefer to be called at: home ____ work ____ either ____

CHILDREN:

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

CURRENT MARITAL CIRCUMSTANCES:

Years Married _____ Date of marriage _____

Reason you married _____

Currently separated? Yes No Date of separation: _____

Filed for divorce? Yes No Date of filing: _____

Reason you are divorcing: _____

Wife's attorney: _____ Husband's attorney: _____

Check one:

Did you expect this separation?

Yes, for a long time _____

Yes, but only recently _____

Unexpected _____

Did 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-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
- 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) _____

**On a scale of 1-10 rate the level of conflict and anger at the time of conflict 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 others anger	1	2	3	4	5	6	7	8	9	10

NOW YOU ARE IN THE DIVORCE PROCESS

Rate your level of conflict and anger

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 others anger	1	2	3	4	5	6	7	8	9	10

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 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: _____

Occupation

What is your occupation? _____

Are you current 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'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? _____

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 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? (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? _____
