

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 (M, F, Other)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____ Who filed? _____

Attorneys engaged? Yes/No

Wife's attorney _____ Husband's attorney _____

Did you expect this separation?

Did you want this separation/divorce? **Circle one:**

Yes, for a long time

Not at all

Yes, but only recently

Have mixed feelings

Unexpected

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) _____

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 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'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? _____

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? _____