

PERSPECTIVES THERAPY SERVICES LLC

Relationship History and Symptom Questionnaire

Basic Background Information

Name of person completing this form: _____ Date of Birth: _____

Partner's name: _____ Date of Birth: _____

Relationship Status

Check all that apply

Married Separated Divorced Dating Engaged Living together Living apart

Length of time in current relationship? _____

Do you have children together? Yes No

If yes, what are the children's names and ages? _____

Self): How many times have you been married? 1 2 3 4 5+ Duration(s) of previous marriage(s): _____

Do you have children from previous relationships? Yes No

If yes, what are the children's names and ages? _____

Partner): How many times have you been married? 1 2 3 4 5+ Duration(s) of previous marriage(s): _____

Do you have children from previous relationships? Yes No

If yes, what are the children's names and ages? _____

Quality of Current Intimate Relationship

On a scale of 1 to 5, rate the following items. 1=Poor or Low, 5 = Great or High

(If not applicable, leave blank)	Present State of Relationship	My Own Need or Desire for it	Partner's Need or Desire for it
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1. Affection	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2. Emotional Closeness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3. Commitment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4. Communication	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5. Child-rearing agreement	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
6. Financial security	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
7. Honesty	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
8. Housework shared	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
9. Physical attraction	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
10. Religious commitment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
11. Respect	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
12. Social life together	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
13. Time together	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
14. Trust	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
15. Decision-making	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
16. Sexual fulfillment/enjoyment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
17. Sexual frequency	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

