

## WellSpring Counseling Marital Self-Report

Client Name:						Date:
Please list all persons living in client's current household (exclude self):						
Last Name	First Na	ame	Relationship Client			Health Status
1.						
2.						
3.						
4.						
5.						
6.						
7.						
What symptoms do you experience as a result of this concern? (physical and/or emotional)  What will be different if counseling is successful?						
Do you have any significant physical problems or limitations? No Yes If yes, please explain: _						
Have you had counseling in the past to try to correct your marital problems?YesNo What was helpful from previous counseling?						
Please indicate <u>p</u>	revious ma	rital history	(prior to curr	ent marria	ae):	
Ex-spouse's N			Dissolution,	Date of Event	Rea	ason Marriage Ended



## Family of Origin Questions:

1.	How did	you (d	lo you]	) know how to be ma	arried? (Wha	t kinds of	role models of	lo you have?)

- 2. What was your parents' marriage like?
- 3. How would your parents resolve conflicts or differences when you were growing up?
- 4. How did they fight?
- 5. How did they make-up?
- 6. How did you (do you) know how to be married? (What kinds of role models do you have?) 7. What was your parents' marriage like?
- 7. How would your parents resolve conflicts or differences when you were growing up?
- 8. How did they fight?
- 9. How did they make-up?
- 10. How did they communicate feelings to each other and/or to the kids?
- 11. How well did each of your parents relate to each other sexually?
- 12. How (who/what) did they discipline the kids?
- 13. What was the one thing that you wish you had gotten from your parents growing up that you did not?
- 14. How much is your partner like your father/mother? In what ways?
- 15: What was it like for you and your parents when you left home (moved out on your own)?
- 16. Describe any history of mental or emotional illness in your family while you were growing up.



17	7. Describe any history of alcohol or drug abuse in your family while you were growing up.
18	3. Describe any history of physical or sexual or emotional abuse in your family while growing up.
19	). How close are you to your parents now?
20	. How close is your partner to his/her is parents now?
	iting and Engagement:  How were you relating to your parents when you were dating?
2.	What was your parent's marriage like when you were dating?
3.	How much dating had you done prior to meeting your spouse to be?
3.	How did your father and mother feel about your engagement?
4.	How did your children feel about your engagement?
5.	Who did you get along with best at the time? Why?
	fore Marriage: Sexual activity before marriage?
7.	Pregnancy?
8.	Living arrangements?
9.	Any abortions prior to or after wedding?
10.	How were each of you absorbed or received into the other's family?



## Parenting:

- 1. How many years were you married before you had kids? Planned?
- 2. How many pregnancies have you had? What were they like?
- 3. Any miscarriages? How did you grieve the losses? Your partner?
- 4. How do you know how to parent? Role models etc.
- 5. What are your strengths as a parent? Weaknesses?
- 6. How do you view your parenting style? (Strict, lenient, patient, authoritarian, etc.)
- 7. In what ways are the grandparents involved with the kids?
- 8. In what ways is parenting an issue for you both?

## Power:

- 1. How do you feel about how your spouse handles money?
- 2. Who handles the money in the home and how? How was this decided?
- 3. Who initiates sex?
- 4. Under what circumstances does he/she initiate sex?
- 5. How do the two of you discuss your sexual needs and desires?
- 6. What kinds of different and similar responsibilities does each of you have with the children? How was this decided?
- 7. Who of the two of you has the most influence upon each of the children?



		eligious Life: What role did religion play in your home life as a child? Do you have any denominational ties?
	2.	What were your ideas of God when you were a child?
;	3.	In what ways are you and your partner similar or different in your religious beliefs?
		Are you a practicing Christian? No Yes (if no, please disregard the next section)  How did you become a Christian? When?
e	3.	Do you feel that your Christianity has made your conscience too severe? Yes No
		Do you suffer feelings of guilt? Yes No Are you fearful of hell? Yes No efly describe your view of a Biblical marriage:
		rriage: When the marriage was good, what made it good?
2		When did it begin to change? (What was happening?)
3	-	Rating 1 to 10: The marriage <i>now</i> (What number?) The marriage at its <i>best</i> (What number and when?) The marriage at its <i>worst</i> (What number and when?)
4	. 1	What would it take to move it up one number right now? Up two numbers?
5.	. I	How well do you play together? Describe.



