

Intensive Assessment Questions

Please fill in one form per person. Please consider this assessment inventory as an investment in your relationship. How long it will take may vary from person to person. In general, the more information I have, the better prepared I can be for our intensive. However, with the exception of the required questions (marked with an asterisk) please skip any and all questions that you are not comfortable answering.

Data on this form is transmitted and stored securely, and only available to CoupleWorks employees. If you do not wish to fill out the form online, please download and print a copy from <https://www.coupleworks.com.au/images/forms/ASSESS.pdf> and return it to CoupleWorks via either scanned email or via regular post to:

CoupleWorks
#1, 47 Glebe Rd
The Junction, 2291
NSW.

* Required



1. Name *

2. Date of Birth

Example: December 15, 2012

3. Describe the reason for which you wish to have an intensive *

4. What would you like to see happen as a result? *

Main concern

5. The thing that concerns me most right now is:

6. How long has this been a problem?

7. **Severity:**

Mark only one oval.

- Mild
- Moderate
- Severe
- Overwhelming

Current symptoms

8. In the past month, have you experienced: (check all that apply) *

Check all that apply.

- Poor appetite or overeating
- Low energy or fatigue
- Low self-esteem
- Poor concentration
- Feelings of hopelessness
- Depressed mood
- Sleep disturbances
- Diminished happiness
- Feelings of worthlessness
- Irritability
- Feelings of restlessness
- Muscle tension
- Wild mood swings
- Rapid speech
- Anxiety
- Trauma
- Panic Attacks
- Phobias
- Excessive worry
- Hallucinations
- Unexplained losses of time
- Unexplained memory lapses
- Alcohol/substance abuse
- Frequent body complaints
- Fear of gaining weight or getting fat
- Binge or restrictive eating
- Body image problems
- Repetitive thoughts
- Homicidal thoughts
- Suicide attempt
- Sexual issues or problems
- Physical abuse
- Emotional abuse
- Sexual abuse
- None of the above
- Other: _____

General health

9. How good is your physical health at present?

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Good

10. Are you currently under a physicians care?

Mark only one oval.

- Yes
- No

11. If yes - for what?

12. Do you regularly drink alcohol?

Mark only one oval.

- Yes
- No

13. In a typical month, how often do you have 4 or more drinks in a 24 hours period?

14. Do you engage in recreational drug use?

Mark only one oval.

- Yes
- No

15. If yes:

Mark only one oval.

- daily
- weekly
- monthly
- rarely

Counselling and Mental Health

16. Are you currently receiving psychiatric services, counselling or therapy elsewhere? *

Mark only one oval.

- Yes
 No

17. Have you had prior outpatient psychotherapy or counselling?

Mark only one oval.

- Yes
 No

18. If yes, was this beneficial?

Mark only one oval.

- Yes
 No

19. Are you currently taking prescribed psychiatric medicine? *

Mark only one oval.

- Yes
 No

20. Medication and dosage:

21. Have you had suicidal thoughts recently? *

Mark only one oval.

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequently

22. Have you had them in the past? *

Mark only one oval.

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequently

23. **Do you have any current or past experiences of sexual abuse or trauma?**

Mark only one oval.

- Yes
- No
- Ask me about this

24. **Do you have thoughts about harming yourself or others? ***

Mark only one oval.

- Yes
- No

25. **Over the past year have you experienced any significant changes or stressors?**

Mark only one oval.

- Yes
- No

26. **If yes, please describe:**

27. **Have you ever experienced any kind of trauma?**

Mark only one oval.

- Yes
- No
- Ask me about this.

28. **If yes, please elaborate within your comfort zone.**

Social and related history

29. Childhood family experience (check all that apply):

Check all that apply.

- Outstanding home environment
- Normal home environment
- Chaotic home environment
- Poverty (serious financial problems)
- Experienced verbal/physical/sexual abuse
- Other: _____

30. Social support system

Check all that apply.

- Supportive network
- Few friends
- No friends
- Close extended family
- Distant from family of origin

31. Sexual history

Mark only one oval.

- Heterosexual orientation
- Homosexual orientation
- Bisexual orientation
- Other: _____

32. Check all that apply.

- Currently sexually active
- Currently sexually satisfied
- Currently sexually dissatisfied

33. Occupation

34. Employment

Check all that apply.

- Employed and satisfied
- Employed but dissatisfied
- Unemployed
- Change jobs a lot

35. Served in military?

Mark only one oval.

Yes

No

36. If yes, dates of service:

37. Legal history: *

Check all that apply.

No legal problems

Child custody proceedings

Divorce proceedings

Current or pending court case

Other: _____

38. How would you describe your cultural identity?

39. Is spirituality important to you?

Mark only one oval.

Yes

No

40. If yes, please describe.

Relationships

41. Please describe your ideal relationship

42. What messages about love/marriage did you get from your parents? Your community?

43. Before your present relationship did you experience a safe, loving relationship with someone you trusted, felt close to, and could turn to if needed? Who? Please detail.

44. Have you ever felt betrayed by someone close to you? If yes, please describe.

45. If it is hard for you to turn and trust others and let them close, what do you do when life gets difficult and you feel alone?

46. What are the things you like most about your relationship?

47. What do you like most about your partner?

48. What are the strengths of your relationship?

49. What is missing in your current relationship?

50. What are the things you most want to change?

51. How often do you argue? What do you most often argue about?

52. Describe in detail your most recent argument. How did it start? How did it end?

53. **When you argue, does someone end up leaving? Who? How long before they come back? How long do you stay angry with each other?**

54. **Who is the first to attempt to make things better?**

55. **Do your arguments get physical?**

Mark only one oval.

Yes

No

56. **If yes, please describe.**

57. **Do your arguments get verbally abusive?**

Mark only one oval.

Yes

No

58. **If yes, please describe.**

59. **Who initiates sex more often?**

60. If you are not having sex, when and how did it stop?

61. Do you use sex to repair the relationship?

Mark only one oval.

Yes

No

62. If yes, please describe.

63. Is sex a painful topic in your relationship?

Mark only one oval.

Yes

No

Maybe

64. If yes, please describe

65. Do you feel safe and secure with your partner currently? In the past? Please describe.

66. Presently, can you ask your partner when you need closeness & comfort? Please detail.

67. How difficult is this for you?

Mark only one oval.

	1	2	3	4	5	
easy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hard

68. Are there moments in your relationship when one of you reaches out and the other responds in a way that makes you feel close and secure? Please describe.

69. Are there significant times in your relationship that you felt your partner was not there for you? Please describe.

70. Is there anything else you wish to share?
