

**The Woodsfellow Institute for Couples Therapy**  
**2801 Buford Hwy NE, Suite 295**  
**Atlanta, GA 30329**  
**phone 404-325-3401 fax 404-325-2897**

**INFORMATION FORM**

Name _____	Today's date _____
Address _____	Date of birth _____
City State Zip _____	Age _____ Gender _____
Home phone (     ) _____	May we leave a message? yes ___ no ___
Cell phone (     ) _____	May we leave a message? yes ___ no ___
Email _____	How do you know them? _____
Referred by _____	Employer _____
May we thank them? yes ___ no ___	
Your occupation _____	
Work address _____	
City State Zip _____	
Work phone (     ) _____	May we leave a message? yes ___ no ___
Marital status _____	Years married ___ Anniversary _____

	Name:	Sex:	Age:
Children	_____		
	_____		
	_____		

Your physician \_\_\_\_\_

Their phone (     ) \_\_\_\_\_ May we contact them? yes \_\_\_ no \_\_\_

If you are taking any medications, please list the medication and prescribing doctor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check any of the following that apply to you and explain

Depression \_\_\_\_\_

Alcohol \_\_\_\_\_

Drug abuse \_\_\_\_\_

Other addictions \_\_\_\_\_

Serious illness \_\_\_\_\_

Violence \_\_\_\_\_

Suicide thoughts \_\_\_\_\_

Are these currently being treated? yes \_\_\_\_ no \_\_\_\_

By whom? \_\_\_\_\_

Their phone ( ) \_\_\_\_\_

May we contact them? yes \_\_\_\_ no \_\_\_\_

Are you currently in therapy? yes \_\_\_\_ no \_\_\_\_

With whom? \_\_\_\_\_

Their phone ( ) \_\_\_\_\_

May we contact them? yes \_\_\_\_ no \_\_\_\_

Have you ever been in therapy before? yes \_\_\_\_ no \_\_\_\_

With whom? \_\_\_\_\_

When? \_\_\_\_\_

Their phone ( ) \_\_\_\_\_

May we contact them? yes \_\_\_\_ no \_\_\_\_

How will you know when your couples therapy is successful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Realistically, how long do you think this might take? \_\_\_\_\_

**Payments and Cancellations**

I agree to pay for my treatment at the time of service.

I agree that if I cancel an appointment without sufficient notice, I will pay for the time that was saved for me.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print your name \_\_\_\_\_

Name:

Date:

Consider the last few months of your relationship. Please check TRUE or FALSE for each.

Knowing one another

TRUE

FALSE

I can tell you some of my partner's life dreams.		
My partner is familiar with my current life stresses.		
I know my partner's major current worries.		
My partner knows what I do during the day.		
I can list my partner's major aspirations and hopes in life.		

Liking each other

TRUE

FALSE

My partner really respects me.		
I feel loved and cared for in this relationship.		
Our relationship still has romance.		
When I come into a room my partner is glad to see me.		
My partner appreciates the things I do in this relationship.		

Engagement

TRUE

FALSE

I really enjoy discussing things with my partner.		
We always have a lot to say to each other.		
We have a lot of fun together in our everyday lives.		
We really have a lot of interests in common.		
We like to do a lot of the same things.		

How talks start

TRUE

FALSE

Arguments often seem to come out of nowhere.		
I always seem to get blamed for things.		
My partner criticizes my personality.		
Our calm is suddenly shattered.		
I find my partner's negativity unnerving and unsettling.		

Influence

TRUE

FALSE

I have a lot of influence in this relationship.		
My partner feels that I have a lot of basic common sense.		
My partner considers my opinions seriously.		
My partner thinks I am a great help as a problem solver.		
My partner believes in lots of give and take in our discussions.		

Repairs

TRUE

FALSE

We are good at taking breaks when we need them.		
Even when arguing, we can maintain a sense of humor.		
We are pretty good listeners even when we disagree.		
If things get heated we can usually pull out of it.		
My partner is good at soothing me when I get upset.		

Compromise	TRUE	FALSE
We are usually good at resolving our differences.		
We both believe in meeting each other halfway when we disagree.		
In discussion we can usually find our common ground.		
Yielding power is pretty comfortable for me.		
Give-and-take in making decisions works pretty well for us.		

Negativity	TRUE	FALSE
I've felt blamed for our problems.		
I've felt unjustly accused.		
I've felt personally attacked.		
I've felt unjustly criticized.		
I just wanted the negativity to stop.		

Gridlock	TRUE	FALSE
We keep hurting each other when we discuss our core issues.		
My partner has a long list of unreasonable demands.		
I don't feel respected when we disagree.		
My partner often acts in a selfish manner.		
My partner acts like I'm totally wrong and he or she is totally right.		

Criticism and defensiveness	TRUE	FALSE
I feel criticized when we talk about our disagreements.		
I try to point out flaws that my partner needs to improve.		
I have to defend myself against unfair charges.		
When we talk about problems, my partner is too defensive.		
Many of our issues are just not my problem.		

Contempt and stonewalling	TRUE	FALSE
I can get mean and insulting in our disputes		
In our disputes, I don't even feel like my partner likes me.		
At times, I feel explosive and out of control about our issues.		
My partner often clams up and becomes quiet.		
I often just want to leave the scene of our arguments.		

Flooding	TRUE	FALSE
Our discussions get too heated.		
I have a hard time calming down.		
One of us is going to say something we will regret.		
I think to myself, "Why can't we talk more logically?"		
I feel overwhelmed during our arguments.		

Disengagement	TRUE	FALSE
I often find myself disappointed in this marriage.		
At times I find myself quite lonely in this relationship.		
My deepest feelings don't get much attention.		
There is not enough closeness between us.		
I have adapted to too much in this relationship.		

Name \_\_\_\_\_

Date \_\_\_\_\_

**For each of these topics, please write a sentence or two about how you handle these areas of life:**

Talking to each other, staying emotionally connected, spending time together

Outside stressors spilling over into your relationship

Irresolvable disagreements and gridlocks

Romance, verbal affection, physical affection

Sexuality and physical intimacy

Major life change events: births, deaths, moves, job losses, illnesses, etc.

Children and co-parenting

Relatives and in-laws

Infidelity, Jealousy, flirtation

Disagreements, fights, anger

Differences in your values and preferences

Very hard events: violence, alcohol, drugs

Teamwork on chores, childcare

Decision-making, influence, power-sharing

Finances, spending, saving, financial planning

Recreation, fun, hobbies

Spirituality and religion

Your name \_\_\_\_\_

Date \_\_\_\_\_

Weiss-Cerreto  
MARITAL STATUS INVENTORY

We would like to get an idea of how your marriage stands right now. Please answer all the questions below by circling TRUE or FALSE for each item with regard to how things stand right now. For items that are true, please indicate what year the item began to be true.

- FALSE TRUE Year \_\_\_\_\_ 1. I have made specific plans to discuss separation or divorce with my spouse. I have considered what I would say, etc.
- FALSE TRUE Year \_\_\_\_\_ 2. I have set up an independent bank account in my name in order to protect my own interests.
- FALSE TRUE Year \_\_\_\_\_ 3. Thoughts of divorce occur to me very frequently, as often as once a week or more.
- FALSE TRUE Year \_\_\_\_\_ 4. I have suggested to my spouse that I wished to be separated, divorced, or rid of him/her.
- FALSE TRUE Year \_\_\_\_\_ 5. I have thought specifically about divorce or separation. I have thought about who would get the kids, how things would be divided, pros and cons, etc.
- FALSE TRUE Year \_\_\_\_\_ 6. My spouse and I have separated. This is a (check one) \_\_\_\_\_ trial separation or \_\_\_\_\_ legal separation.
- FALSE TRUE Year \_\_\_\_\_ 7. I have discussed the question of my divorce or separation with someone other than my spouse (trusted friend, psychologist, minister, etc.).
- FALSE TRUE Year \_\_\_\_\_ 8. I have occasionally thought of divorce or wished that we were separated, usually after an argument or other incident.
- FALSE TRUE Year \_\_\_\_\_ 9. I have discussed the issue of divorce seriously or at length with my spouse.
- FALSE TRUE Year \_\_\_\_\_ 10. I have filed for divorce, or we are divorced.
- FALSE TRUE Year \_\_\_\_\_ 11. I have made inquiries of nonprofessionals as to how long it takes to get a divorce, Grounds for divorce, costs involved, etc.
- FALSE TRUE Year \_\_\_\_\_ 12. I have contacted a lawyer to make preliminary plans for a divorce.
- FALSE TRUE Year \_\_\_\_\_ 13. I have consulted with a lawyer or other legal aid about the matter.
- FALSE TRUE Year \_\_\_\_\_ 14. I have considered divorce or separation a few times, other than during or after an argument, although only in vague terms.