

COUPLES ON THE BRINK PROJECT INTAKE FORM

Name _____ Date _____

Street Address _____

City/State/Zip _____

Phone _____ Email _____

Birthdates _____

Occupation _____

Education Some High School High School Graduate Post High School Training College Graduate Work

Current Religious Affiliation (If Any) _____

Spouse's Name _____ Are you and your spouse living together? **YES** **NO**

Wedding Date with Current Spouse _____

Number of Children with Current Spouse _____ Age(s) of Children _____

Number of Stepchildren being raised with current Spouse _____

How many times have you been married (including this marriage)? _____

How did you find out about the Couples on the Brink Project? _____

Are you in individual counseling now? Yes No If yes, with whom? _____

Are you currently on medication for a psychological problem? Yes No

If yes, for what reason? _____

Emergency Contact (Name/Relationship/Phone) _____

The first set of questions is about how you feel about your marital relationship right now. Please answer questions 1-3 based on the following scale:

| | | | | | |
|----------------------|--------------------------|-----------------------------|-------------------|-------------|------------|
| All the time 0 | Most of the time 1 | More often than not 2 | Occasionally 3 | Rarely 4 | Never 5 |
|----------------------|--------------------------|-----------------------------|-------------------|-------------|------------|

1. In general, how often do you think that things between you and your partner are going well?

0 1 2 3 4 5

2. Do you confide in your mate?

0 1 2 3 4 5

3. How often do you discuss or have you considered divorce, separation, or terminating your relationship?

0 1 2 3 4 5

4. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please **check** the dot which best describes the degree of happiness, all things considered, of your relationship.

0 1 2 3 4 5 6

| | | | | | | |
|------------------------------|---------------------------|-----------------------------|-------|---------------|--------------------|---------|
| Extremely <u>U</u> nhappy | Fairly <u>u</u> nhappy | A Little <u>u</u> nhappy | Happy | Very happy | Extremely happy | Perfect |
|------------------------------|---------------------------|-----------------------------|-------|---------------|--------------------|---------|

When starting discernment counseling, the two people in the relationship are generally leaning in different directions about whether to stay together or break up. Please circle the number below that is closest to your own "leaning" at this moment.

| | | | | | | | | | |
|---|---|---|---|-----------------|---|--|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Definitely preserve the relationship | | | | Not sure | | Definitely end the relationship | | | |

What is your best guess for how your spouse/partner's is leaning?

| | | | | | | | | | |
|---|---|---|---|-----------------|---|--|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Definitely preserve the relationship | | | | Not sure | | Definitely end the relationship | | | |

5. There are many reasons why some marriages end in divorce. Could you check all the reasons below that have been important in your situation?

- How my spouse handles money
- Growing apart
- Not enough attention
- Not able to talk together
- My spouse's friends
- My spouse's leisure activities
- In-law problems
- My spouse's personal habits
- How we divided household responsibilities
- Religious differences
- Alcohol or drug problems
- Personal problems of my spouse
- Infidelity
- My spouse worked too many hours
- Sexual problems
- How we divided child care responsibilities
- Physical violence
- Differences in our tastes and preferences
- Conflicts over raising stepchildren
- Conflicts over raising our own children
- Other: _____

6. The final question is about how you are doing personally. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response.

a. Little interest or pleasure in doing things

- Not at all* *Several days* *More than half the days* *Nearly every day*

b. Feeling down, depressed, or hopeless

- Not at all* *Several days* *More than half the days* *Nearly every day*

c. Trouble falling asleep, staying asleep, or sleeping too much

- Not at all* *Several days* *More than half the days* *Nearly every day*

d. Feeling tired or having little energy

- Not at all* *Several days* *More than half the days* *Nearly every day*

e. Poor appetite or overeating

Not at all *Several days* *More than half the days* *Nearly every day*

- f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down

Not at all *Several days* *More than half the days* *Nearly every day*

- g. Trouble concentrating on things such as reading the newspaper or watching television

Not at all *Several days* *More than half the days* *Nearly every day*

- h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual

Not at all *Several days* *More than half the days* *Nearly every day*

- i. Thinking that you would be better off dead or that you want to hurt yourself in some way

Not at all *Several days* *More than half the days* *Nearly every day*

7. If you checked off any problem(s) in Question 6, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all *Somewhat difficult* *Very difficult* *Extremely difficult*