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Intake Questionnaire for Couples

name \_\_\_\_\_

The information you provide on this form is confidential. Nobody, including partner, spouse or other family members, has access to the answers you provide without your authorization.

I use the information to assess for any potential crisis and to help me get a better sense of your story. You can discuss any of the questions or your responses in our meeting.

Do the best you can if a question does not exactly fit your situation. While your answers can be helpful, I would rather have you skip a question you deem annoying or overwhelming if doing so means you are expressing yourself and will continue to do so throughout the counseling process. If you think that a question is not being asked that should be, please note it. I look forward to your saying what is important for you.

1) What brings you to counseling at this time in your life?

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2) What results are you hoping to bring about with your efforts in counseling?

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3) What is your guess as to how your partner/spouse is responding to question #1?

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4) Have there been any major medical events (for example, head injury or surgeries) or diagnoses for you or a loved one?  Yes  No  Unsure

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5) Have you experienced any losses or significant changes, positive or negative, (for example, employment, housing, socially, births) in the past year?

Yes  No  Unsure

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6) Are you anticipating any significant change in the coming months?

Yes  No  Unsure

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7) What best describes your living arrangement:

With family  Significant other  Boarder  Housemates  Alone  With relatives  Other

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8) Does your living arrangement work for you?

Yes  No  Unsure

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9) How would you characterize your social & emotional support network (check all that apply):

none  I feel alone  I am alone  I can count on one or two people  I can count on different people for different needs  I don't ask for help or support  I feel connected to a community  My partner/spouse is my sole source of support.

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10) Was there a history of anxiety or depression in the people around you when growing up?

Yes  No  Unsure

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11) Check all the items that you most associate with your growing up:  Abundance

Adventure  Anger  Anxiety  Chaos  Colorful  Conflict  Confusion  Creativity  Criticism  Depression  Drabness  Faith  Fear  Guilt  Hope  Laughter  Love  Praise  Scarcity  Shame  Violence

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12) Have you experienced or witnessed violence while *in* the military?  Yes  No  Unsure

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13) Have you experienced or witnessed violence in your employment or as a civilian?

Yes  No  Unsure

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14) Do you see yourself as having a problem with alcohol or drugs?

Yes  No  Unsure

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15) Do others see you as having a problem with alcohol or drugs?  Yes  No  Unsure

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16) Do you see your partner/spouse as having a problem with alcohol or drugs?

Yes  No  Unsure

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17) Have you had thoughts of harming yourself in the past year?  Yes  No  Unsure

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18) Have you ever thought seriously about suicide?  Yes  No  Unsure

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19) If you answered yes to either #17 or #18, is your partner/spouse aware of your thoughts or actions?  Yes  No  Unsure

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20) It is hard for my partner/spouse to get my attention:  
 never true  rarely true  sometimes true  usually true  always true

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21) If I had to guess, my partner/spouse  would agree  would not agree with my above answer.

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22) I listen when my partner/spouse shares her/his deepest feelings:  
 never true  rarely true  sometimes true  usually true  always true

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23) If I had to guess, my partner/spouse  would agree  would not agree with my above answer.

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24) I struggle to feel close and engaged in our relationship:  
 never true  rarely true  sometimes true  usually true  always true

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25) If I had to guess, my partner/spouse  would agree  would not agree with my above answer.

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26) It is hard for me to get my partner's/spouse's attention:  
 never true  rarely true  sometimes true  usually true  always true

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27) If I had to guess, my partner /spouse  would agree  would not agree with my above answer.

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28) My partner/spouse listens when I share my deepest feelings:

never true  rarely true  sometimes true  usually true  always true

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29) If I had to guess, my partner/spouse  would agree  would not agree with my above answer.

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30) My partner/spouse struggles to feel close and engaged in our relationship:

never true  rarely true  sometimes true  usually true  always true

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31) If I had to guess, my partner/spouse  would agree  would not agree with my above answer.

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32) How do you know when your partner/spouse is angry or upset?

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33) How do you know when your partner/spouse is feeling blue or sad?

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34) How do you know when your partner/spouse is worried or feeling anxious?

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35) Would your partner/spouse know that you disagreed with her/him?

Yes  No  Unsure

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36) How would your partner/spouse know that you disagreed with her/him?

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37) How could you tell if your partner/spouse felt offended by what was said/not-said or done/not-done?

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