



399 Laurel Street #11 San Francisco, CA 94118  
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## ADDENDUM QUESTIONNAIRE FOR COUPLES

*Please complete this questionnaire as fully as possible.*

Today's Date \_\_\_/\_\_\_/\_\_\_

Name

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Date of birth

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Age

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Occupation/Employer

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Emergency Contact

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Address

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Previously Married? Yes No (circle one) Number of times/duration

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Please explain

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Name

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Date of birth

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Age

---

Occupation/Employer

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Emergency Contact

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Address

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Previously Married? Yes No (circle one) Number of times/duration

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Please explain

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Referred by:

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Please list each person who resides with you (please indicate name/relationship/age):

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Do you have children who do not live with you? Yes No (circle one)

If YES, please list with name and age: \_\_\_\_\_

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Have there been deaths in your family or among your friends? Yes No (circle one)

If YES, please list (who/when):

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Please state the reason for which you are seeking treatment.

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When and how did the issues(s) begin and what has been helpful?

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Please list any previous couples counseling or psychotherapy (approximate dates and reason for seeking help). \_\_\_\_\_

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## Symptoms and Behaviors Checklist

Please indicate the severity of the listed symptoms, if known, for the past year.

<u>SYMPTOM</u>	<u>SEVERITY</u>			
	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
Arguing				
Fear of divorce				
Feeling isolated				
Disconnected				
Poor work life balance				
Issues raising children				
Different values				
Communication issues				
Sexuality/Intimacy issues				
Decreased interest in sex				
Decreased interest in usual activities				
Disappointed in social life				
Legal problems				
Problems at work				
Problems in daily life				
Destroying/damaging property				
Feeling fearful of each other				
Infidelity				
Issues with extended family				
Health/Mental health issues in family				
Feeling fearful of each other				
Different hobbies				
Different ways of relaxing				
Physical or psychological abuse				

Other

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