

MARITAL AND PERSONAL CONCERNS

One copy of this section should be filled out **separately** by each partner. There are two lists: The first deals primarily with individual concerns, the second with relationship issues. Use initials to mark the items which apply to you or your partner as individuals, or which apply to both of you. For example, if in your opinion both of you are concerned about **arguing**, you would mark this item with both of your initials. If you think that an item just applies to your partner, you would only list his or her initials, or your initials if the item just applies to you.

Individual Items:

- | | | |
|---|---|---|
| <input type="checkbox"/> Nerves | <input type="checkbox"/> Depression | <input type="checkbox"/> Fears |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Suicidal Thoughts | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Sleep | <input type="checkbox"/> Self-Control |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Work | <input type="checkbox"/> Relaxation |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Tiredness | <input type="checkbox"/> Legal Matters |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Ambition | <input type="checkbox"/> Making Decisions |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Inferiority Feelings | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Education | <input type="checkbox"/> Career Choices | <input type="checkbox"/> Health Problems |
| <input type="checkbox"/> Temper | <input type="checkbox"/> Dreams | <input type="checkbox"/> Appetite or Weight |
| <input type="checkbox"/> Bowel Troubles | <input type="checkbox"/> Thoughts | <input type="checkbox"/> Stomach Troubles |

Relationship Items:

- | | | |
|---|--|--|
| <input type="checkbox"/> Closeness | <input type="checkbox"/> Sexual Desire | <input type="checkbox"/> Affection |
| <input type="checkbox"/> Sexual Performance | <input type="checkbox"/> In-laws | <input type="checkbox"/> Conflicting Schedules |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Relatives | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Friendships | <input type="checkbox"/> Use of Time | <input type="checkbox"/> Jealousy |
| <input type="checkbox"/> Infidelity/Affairs | <input type="checkbox"/> Verbal Fighting | <input type="checkbox"/> Physical Fighting |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Housing | <input type="checkbox"/> Common Interests |

- ___ spouse's Cleanliness
- ___ Showing Appreciation
- ___ Agreeing on Chores
- ___ Common Goals
- ___ Trusting Each Other
- ___ Having Fun Together
- ___ Flirting Behavior
- ___ Parenting
- ___ Solving Problems Together
- ___ Holding Other Down
- ___ Other/Legal _____

Why did you seek help at this time? (Attach additional sheets if necessary).