

CLIENT'S NAME _____

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RELATIONSHIP HISTORY

Are you currently in a committed relationship? yes no

If so, how long has it lasted? _____

Are you married? yes no

If yes, for how long? _____

Have you been married before? yes no

If yes, how many times? _____ How long did the earlier marriage(s) last? _____

Are you separated or divorced? yes no

If so, for how long? _____

Are you a widow/widower? yes no

If yes, how long has your spouse been dead? _____

If you are currently married, and you were given the choice, would you marry your current spouse again?

definitely yes yes probably not sure probably not no definitely not

OVERVIEW

How satisfied are you with your...

Job/career (includes full-time parent, housewife, student)	very satisfied	satisfied	ok	unsatisfied	very unsatisfied
Financial situation	very satisfied	satisfied	ok	unsatisfied	very unsatisfied
Living situation (where and who you live with)	very satisfied	satisfied	ok	unsatisfied	very unsatisfied
Relationship with partner/spouse	very satisfied	satisfied	ok	unsatisfied	very unsatisfied
Relationship with your children	very satisfied	satisfied	ok	unsatisfied	very unsatisfied
Relationship with your parents	very satisfied	satisfied	ok	unsatisfied	very unsatisfied
Relationship with your siblings	very satisfied	satisfied	ok	unsatisfied	very unsatisfied
Friendships	very satisfied	satisfied	ok	unsatisfied	very unsatisfied
Self	very satisfied	satisfied	ok	unsatisfied	very unsatisfied

SIGNATURE _____ DATE _____