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MARRIAGE INVENTORY

Purpose: The purpose of this questionnaire is to obtain a comprehensive picture of you and your marriage. In scientific work, records are necessary, since they permit a more thorough dealing with one's problems. By completing these questions as fully and as accurately as you can, you will facilitate your therapeutic program. You are requested to answer these routine questions on your own time instead of using up your actual consulting time.

It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal. Case records are strictly confidential. **NO OUTSIDER IS PERMITTED TO SEE YOUR CASE RECORD WITHOUT YOUR PERMISSION.**

1. General

Date _____

Name _____

Address _____

Phone Number _____ Office _____ Home _____

Age _____ Occupation _____

By whom were you referred? _____

With whom are you now living (please list any and all people)? _____

Do you live in a house, hotel, room, apartment, or other? _____

Marital Status: _____ Single _____ Engaged _____ Married _____ Re-married

_____ Separated _____ Divorced _____ Widowed

2. Clinical

A. Please check any of the following words which you think apply to you:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> a “nobody | <input type="checkbox"/> full of love | <input type="checkbox"/> repulsive |
| <input type="checkbox"/> “life is empty” | <input type="checkbox"/> anxious | <input type="checkbox"/> depressed |
| <input type="checkbox"/> a “somebody” | <input type="checkbox"/> panicky | <input type="checkbox"/> happy |
| <input type="checkbox"/> “life is fun” | <input type="checkbox"/> relaxed | <input type="checkbox"/> lonely |
| <input type="checkbox"/> stupid | <input type="checkbox"/> cowardly | <input type="checkbox"/> wanted |
| <input type="checkbox"/> bright | <input type="checkbox"/> confident | <input type="checkbox"/> needed |
| <input type="checkbox"/> incompetent | <input type="checkbox"/> unassertive | <input type="checkbox"/> unloved |
| <input type="checkbox"/> competent | <input type="checkbox"/> assertive | <input type="checkbox"/> loved |
| <input type="checkbox"/> naïve | <input type="checkbox"/> aggressive | <input type="checkbox"/> misunderstood |
| <input type="checkbox"/> sophisticated | <input type="checkbox"/> friendly | <input type="checkbox"/> bored |
| <input type="checkbox"/> guilty | <input type="checkbox"/> ugly | <input type="checkbox"/> active |
| <input type="checkbox"/> at peace with self | <input type="checkbox"/> beautiful | <input type="checkbox"/> restless |
| <input type="checkbox"/> horrible thoughts | <input type="checkbox"/> deformed | <input type="checkbox"/> confused |
| <input type="checkbox"/> pleasant thoughts | <input type="checkbox"/> shapely | <input type="checkbox"/> worthwhile |
| <input type="checkbox"/> hostile | <input type="checkbox"/> attractive | <input type="checkbox"/> sympathetic |
| <input type="checkbox"/> kind | <input type="checkbox"/> unattractive | <input type="checkbox"/> intelligent |
| <input type="checkbox"/> full of hate | <input type="checkbox"/> pleasant | <input type="checkbox"/> considerate |
| <input type="checkbox"/> full of pleasant thoughts about past events | | |

B. Please check any of the following that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> headaches | <input type="checkbox"/> dizziness |
| <input type="checkbox"/> in love | <input type="checkbox"/> stomach trouble |
| <input type="checkbox"/> content | <input type="checkbox"/> fatigue |
| <input type="checkbox"/> nightmares | <input type="checkbox"/> feel loved |
| <input type="checkbox"/> elated | <input type="checkbox"/> feel panicky |
| <input type="checkbox"/> depressed | <input type="checkbox"/> suicidal ideas |
| <input type="checkbox"/> unable to relax | <input type="checkbox"/> over-ambitious |
| <input type="checkbox"/> don't like weekends and vacations | <input type="checkbox"/> inferiority feelings |
| <input type="checkbox"/> can't make friends | <input type="checkbox"/> happy |
| <input type="checkbox"/> can't keep a job | <input type="checkbox"/> take drugs |
| <input type="checkbox"/> fainting spells | <input type="checkbox"/> can't make decisions |
| <input type="checkbox"/> no appetite | <input type="checkbox"/> unable to have a good time |
| <input type="checkbox"/> insomnia | <input type="checkbox"/> concentration difficulties |
| <input type="checkbox"/> alcoholism | <input type="checkbox"/> others: _____ |
| <input type="checkbox"/> tremors | _____ |

3. Problem Areas in Marriage

Please place a "X" next to each specific problem area that you have had or are having in your marriage. Also, please include additional information for clarification if necessary.

A. Sex

- When: A.M., P.M., before supper, etc.
- How: spouse crude approach, too little foreplay, other...
- Frequency
- Premature ejaculation
- Frigidity
- Infidelity
- Sex information
- Impotence
- Birth control
- Others: _____

B. Communication

- Too little time spent in communication
- Nothing to talk about
- Intellectual gaps
- Topic or type of conversation (for example, one enjoys gossiping and the other talking about work)
- How often to communicate when apart
- Bitching
- Manner of communication, hasty or impatient
- Others: _____

C. Money

- Amount: too little, too much
- Source of money: gambling, borrowing, wife, parents, in-laws, husband, stocks
- Who spends...
 - ... how much?
 - ... on what?
- Bookkeeping:
 - Who manages the money?
 - Is there a joint bank account?

D. In-laws

- Which ones visit?
- How much time spent with parents or in-laws
- In-laws dislike daughter- or son-in-law, and show it
- In-laws meddle and try to run children's lives

- ___ Whether to help in-laws financially
- ___ Advice from
- ___ Mate hates partner's parents
- ___ In-laws do not like each other
- ___ Others: _____

E. Religion

- ___ Different religions
- ___ Religion for children
- ___ One spouse more devout than the other
- ___ Manner of celebrating holidays
- ___ Disagreement over religious rituals (for example, birth control or circumcision)
- ___ Money to church
- ___ Unkept vows
- ___ Others: _____

F. Recreation

- ___ Amount of time for specific recreational activities
- ___ What: disagreement as to type of recreation (for example: drinking beer, gambling, fishing, shopping, bridge, etc.)
- ___ Who: solitary or family recreation
- ___ When: when to enjoy recreation (for example: after work, before work, on Sunday morning, Saturday, etc.)
- ___ Where to spend vacation
- ___ Competition (for example: "egos" may be hurt if one is more athletic than other)
- ___ Others: _____

G. Friends

- ___ Different kinds of friends
- ___ Time spend with friends
- ___ Confidences to friends
- ___ Number of friends...
 - Too many?
 - Too little?
- ___ Others: _____

H. Alcohol

- ___ Who drinks
- ___ How much alcohol is acceptable
- ___ When and where to drink
- ___ Amount of money spent on alcohol

- ___ What to teach children about alcohol
- ___ Certain friends or relatives disapprove of your drinking
- ___ Different brands (for example: disagreement on the merit of each)
- ___ Flirting because of drinking, general embarrassment, or violence
- ___ Others: _____

I. Children

- ___ Number
- ___ Spacing
- ___ Discipline
- ___ Time spent with them
- ___ Activities child should become involved in
- ___ Rivalry for children's love
- ___ Sterility or infertility, whether to adopt
- ___ Retarded or malformed or unwanted child
- ___ Step-children
- ___ Sex education
- ___ Others: _____

4. What specifically would you like to work on first? Rank the problems in order that you would like to deal with them.

5. What behaviors do you engage in that please your spouse?

6. What behaviors does your spouse engage in that please you?

7. What behaviors do you want to increase or develop in yourself?

8. What behaviors do you want your spouse to increase or develop?

9. Please add any information not covered by this questionnaire that may aid your therapist in understanding you.