

History of Conflict Management Questionnaire

(Given to client by MHP at the engagement meeting or at least before the CCA Meeting). The purpose of this questionnaire is to help your divorce professionals accurately assess your conflict management skills, and to have some measure of how much skills training may be necessary for the divorce process to be effective. We also hope to learn of any safety concerns you may have.

CLIENT NAME: _____ DATE _____

1. How do you and your partner/spouse argue? (IFOC = In Front Of Child(ren))

a. Name Calling?	Never	Sometimes	Frequently	IFOC
b. Threats?	Never	Sometimes	Frequently	IFOC
c. Throw and/or hit things?	Never	Sometimes	Frequently	IFOC
d. Physical contact (hitting, shoving)?	Never	Sometimes	Frequently	IFOC
e. Silent Treatment?	Never	Sometimes	Frequently	IFOC

Comments: _____

2. Do you feel safe around your partner? Never Sometimes Frequently IFOC

Comments: _____

3. Does your partner feel safe around you? Never Sometimes Frequently IFOC

Comments: _____

4. Have you *ever* felt threatened or intimidated by your partner?

Never Sometimes Frequently IFOC

Comments: _____

5. Have you ever felt isolated? Never Sometimes Frequently IFOC

Comments: _____

6. Has your partner ever threatened to hurt you or actually hurt you?

Never Sometimes Frequently IFOC

Comments: _____

7. Has your partner ever threatened to hurt a family member or pet, or actually hurt a family member or pet? Never Sometimes Frequently IFOC

Comments: _____

8. Has your partner ever forced you to do anything you don't want to do?

Never Sometimes Frequently IFOC

Comments: _____

9. Has your partner ever threatened to damage any property, or actually damaged any property?

Never Sometimes Frequently IFOC

Comments: _____

10. Has your partner ever threatened to hurt you or your child(ren) with a weapon? Y or N

If yes, what kind of weapon? _____

Regardless of threat, are there any weapons currently in the house? Y or N

What kind? _____ Under lock and key? Y or N

Persons who know where the key/weapon is? _____

11. Has your partner ever taken your child(ren) away from you or threatened to take them away?

Never Sometimes Frequently IFOC

Comments: _____

12. Has your partner ever threatened or actually attempted suicide?

Never Sometimes Frequently IFOC

Comments: _____

13. Does your partner control your access to money or how you spend money?

Never Sometimes Frequently IFOC

Comments: _____

14. Do you or your partner use/abuse alcohol? Never Sometimes Frequently IFOC

Comments: _____

15. Do you or your partner abuse prescription drugs or use illegal drugs such as marijuana, cocaine, etc.?

Never Sometimes Frequently IFOC

What kind? _____

16. Do you or your partner have a psychiatric disorder? Hear voices/see things others do not?

Bipolar disorder, ADHD, any other diagnosis? _____

Have you ever been prescribed/received medication for this/these disorder(s)? Y or N

Comments: _____

What , if any, prescriptions are you or should you be taking currently for these disorders?

Comments: _____

17. Have the Police ever been called to your home? Never Sometimes Frequently IFOC

Comments: _____

18. Has anyone ever filed a restraining order against you or your partner? If so, circumstances? Dates?

Comments: _____

19. Has anyone ever filed a child abuse report against you or your partner? ? If so, circumstances? Dates?

Comments: _____

20. Any additional comments or concerns? Please use the back of this sheet as necessary.