

## Pre-Collaborative/Mediation Assessment & Preparation Questionnaire

This Questionnaire is relevant whether you are seeking a separation/divorce, interested in mediation/co-mediation, or looking for help with co-parenting skills. We ask that each partner please fill out the questionnaire *separately*, and print legibly. Use the back if needed. There are no right or wrong answers.

1. Do you have any mixed feelings about separation/divorce? 30-50% of all partners experience some ambivalence about the relationship. On a scale of 0 (no mixed feelings) to 10 (very high mixed feelings), how would you rate your own ambivalence about separation/divorce at this time? \_\_\_\_\_
2. Are you emotionally ready and clearly committed to the idea that separation or divorce is the best option for your relationship? **Yes/No**

If not, please see the Decision Counseling (DC) page of our website, and feel free to call one of the Divorce Coaches listed on the PCD website with any questions. Decision Counseling will help you gain more clarity and confidence about your decision to stay or separate/divorce.

3. What are your 3 main reasons for being interested in mediation, co-mediation or collaborative divorce, instead of going to court?
4. What are your highest hopes for your post-divorce relationship/family relationships? Your co-parenting relationship? Your relationships with your children?
5. What are your 2-3 most important personal needs and interests that you want expressed and honored in your final divorce agreement?
6. What are the 2-3 most important personal needs and interests *your partner/co-parent* might want honored in the final divorce agreement?
7. What are 3 specific behaviors that you might need help changing or restraining if you are to participate effectively in co-parenting, mediation/co-mediation or collaborative divorce?
8. What are 3 specific, effective ways you have developed to calm yourself when you're upset?
9. Do you have any concerns about being in the same room with your partner/co-parent? Please describe.
10. Do you have difficulty knowing or speaking up about your wishes? **Y/N** Does one or the other of you handle most of the finances (versus share)? **Y/N** Have you ever experienced any unwanted touch from your partner/co-parent? **Y/N** Do one or both of you use alcohol or other prescribed/unprescribed substances? **Y/N**