

Couples Questionnaire:

1. Briefly describe your goals for our work together? _____

2. What strengths do you have as a couple? _____

3. How much does drugs or alcohol use impact or contribute to the situation?

4. When do you feel closest or most connected to your partner? _____

5. How often do your arguments result in physical fighting such as hitting, grabbing, kicking, throwing things, blocking other person, insults, threats or verbal intimidation? (what happens): _____

6. How satisfying is the quality and amount of sexual intimacy in your relationship?

7. How are you doing as a couple with decision-making, sharing responsibilities?

8. Describe any significant breaches of basic trust with your partner?

9. What did your own family role model for you about relationships? _____

10. Would you describe you & your partner as getting caught up in a negative cycle or repeating pattern? _____

11. How hopeful are you that your relationship will thrive and grow? _____
12. How much do you feel that your partner cares about you? _____
13. Who do you feel or believe is most responsible for the problems in your relationship (yourself, your partner, both of you, some other factor/person)?

Client Signature

Date