

**COUPLES SUPPLEMENTAL QUESTIONNAIRE**

\*Please complete this questionnaire independent of your partner

Your name: \_\_\_\_\_

Partner's name: \_\_\_\_\_

Status (circle one): Engaged Married Partnered Separated Divorced Live Together

How long have you been in this relationship? \_\_\_\_\_

If living together, how long did you date before cohabiting? \_\_\_\_\_

\_\_\_\_\_

What concerns or problems have led you to seek couple therapy? \_\_\_\_\_

\_\_\_\_\_

**ABOUT YOUR RELATIONSHIP**

What was the very beginning of your relationship like? \_\_\_\_\_

\_\_\_\_\_

What first attracted you to your partner? \_\_\_\_\_

\_\_\_\_\_

How did your relationship change over time? \_\_\_\_\_

\_\_\_\_\_

What is the worst thing you have dealt with in your relationship? \_\_\_\_\_

\_\_\_\_\_

How do you typically handle conflict with your partner? \_\_\_\_\_

\_\_\_\_\_

What did your parents model for you about marriage and how people relate to each other?

\_\_\_\_\_

How open are you in expressing your wants, thoughts, desires and feelings to your partner?

On a scale of 1 to 10 (1 is totally closed and 10 is totally open) \_\_\_\_\_

Have you received prior couples counselling related to any of the above problems? Y/N

What have you already done to deal with the difficulties? \_\_\_\_\_

\_\_\_\_\_

Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does. \_\_\_\_\_

\_\_\_\_\_

How would you describe your sexual relationship? \_\_\_\_\_

\_\_\_\_\_

What is one thing that you wish was different about your sexual relationship? \_\_\_\_\_

\_\_\_\_\_

When do you feel most gratified in your relationship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have either you or your partner struck, physically restrained, used violence against or injured the other person? Y/N

Has either of you threatened to end the relationship as a result of the current relationship problems? \_\_\_\_\_

\_\_\_\_\_

What do you feel are your biggest strengths as a couple? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you feel are your biggest weaknesses as a couple? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What role have you played in contributing to the problems in your relationship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to complete this extensive questionnaire. It helps me to help you!

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

