

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: _____

