

## Couples Therapy Supplemental Questionnaire

*(Please complete this questionnaire independent of your partner)*

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

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?

\_\_\_\_\_

\*List any previous marriages and long-term relationships

Approximate Dates

Status (*i.e., divorced, friends*)

Children (*name/age*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*).\_\_\_\_\_

Describe your level of commitment to your relationship, on a scale of 1 to 10 (*1=not at all and 10=extremely*). Explain the rating that you give yourself?

---

---

---

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?

---

---

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?

---

---

---

---

What do you hope to accomplish through counselling?

---

---

---

---

---

---

