



Couples Questionnaire

**Should be completed individually and handed directly to therapist*

Name: _____

Do you want to be in this relationship? If no, explain. [] YES [] NO

Why are you interested in couples' therapy?

Whose decision was it to come to couples' therapy?

Who or what else plays a role in your relationship (alcohol, drugs, in-laws, children, work, hobbies, affair, partner, etc.)?

Do you trust your partner? If no, explain. [] YES [] NO

When was your last "date night," and were you satisfied with how it went? Why?

If you are parents, do you parent well together as a team?

What have you sacrificed/what do you sacrifice to make your relationship work?

Describe how you and your partner complement each other (how your differing characteristics work well together; how your opposites attract).

How satisfied are you with the following?

Symptom	Not Satisfied at All	Somewhat Satisfied	Extremely Satisfied
Emotional Intimacy			
Sexual Intimacy			
Spiritual Intimacy			
Physical Intimacy			

Do you feel loved and cherished today?

Have you felt loved and cherished in the past?

On a scale of 1 – 5 (1 being poorly and 5 being proficiently), how well do you and your partner manage conflict?

What is a typical topic around which you experience conflict?

Do you ever ignore your partner because you are angry with him/her? For how long?

Do you criticize your partner? How often?

Do you feel criticized by your partner? How often?

What are you hoping to get from this experience in therapy?