

## COUPLES COUNSELING QUESTIONNAIRE

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Client Name \_\_\_\_\_

New Date  
Field \_\_\_\_\_

Name of Partner: \_\_\_\_\_

Current Relationship Status : \_\_\_\_\_ ▼

Length of time in current  
relationship: \_\_\_\_\_

As you think about the primary reason that brought you to choose couple's counseling, how would you rate its frequency and your overall level of concern at this point in time?

Concern

- No concern
- Little concern
- Moderate concern
- Serious concern
- Very serious concern

Frequency

- No occurrence
- Occurs rarely
- Occurs sometimes
- Occurs frequently
- Occurs nearly always

What do you hope to accomplish through counseling?

Answer here:

What have you already done to attempt to help with your current relationship difficulties?

Answer here:

What are your biggest strengths as a couple?

Answer here:

Please rate your current level of relationship happiness by moving the slider to the number that corresponds with your current feelings about the relationship, with the number 1 representing 'extremely unhappy' and 10 representing 'extremely happy'.

Move slider:

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

Answer here:

Have you received prior couples counseling related to any of the problems you're attempting to resolve now?

Yes

No

If 'yes', tell me when, from whom, where, and the length of treatment:

Answer here:

If yes, list the problems treated at the therapy session:

Answer here:

What was the outcome? ▼

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Have either you or your partner been in individual counseling before?

Yes

No

If so, give a brief summary of concerns you addressed.

Answer here:

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication?

Yes

No

If yes for either, who, how often and what drugs or alcohol?

Answer here:

Have either you or your partner struck, physically restrained, used violence against or injure the other person?

Yes

No

If yes for either, who, how often and what happened?

Answer here:

Have either of you threatened to separate or divorce (if married) as a result of the current relationship problems?

Yes

No

If yes, who?

Me

Partner

Both of us

If married, have either you or your partner consulted with a lawyer about divorce?

Yes

No

If yes, who?

Me

Partner

Both of us

Do you perceive that either you or your partner has withdrawn from the relationship?

Yes

No

If yes, which of you has withdrawn?

Me

Partner

Both of us

How frequently have you had sexual relations with your partner during the last month?

Answer here:

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How enjoyable is your sexual relationship with your partner on a scale of 1 to 10, with 1 representing 'extremely unpleasant' and 10 representing 'extremely pleasant'.

Move slider:

How satisfied are you with the frequency of your sexual relations with your partner on a scale of 1 to 10, with 1 representing 'extremely unsatisfied' and 10 representing 'extremely satisfied'.

Move slider:

What is your current level of stress overall on a scale of 1 to 10, with 1 representing 'no stress' and 10 representing 'extreme stress'.

Move slider:

What is your current level of stress (in the relationship) on a scale of 1 to 10, with 1 representing 'no stress' and 10 representing 'extreme stress'.

Move slider:

Rank order the top three concerns that you have in your relationship with your partner, with the first listed being the most problematic:

Concern # 1

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Concern # 2

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Concern # 3

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Please discuss any significant or pivotal events in your relationship and when in your relationship that happened (e.g. after 12 months of marriage my spouse lost job/new baby/lost family member, etc.).

Answer here:

**Thank-you for completing this form. Please note that you will be asked to talk about your answers in sessions, but your partner will not be shown this form.**