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**Couple’s Assessment Questionnaire**

**Client Information**

Last Name: Click or tap here to enter text. First Name: Click or tap here to enter text.

Sex: Male  Female  Birthdate:Click or tap here to enter text. Age: Click or tap here to enter text.

Ethnicity: Click or tap here to enter text.

Nationality: Click or tap here to enter text.

Address:Click or tap here to enter text.

Home tel.: Click or tap here to enter text.

Mobile: Click or tap here to enter text.

E-mail address: Click or tap here to enter text.

Your Partner's Name: Click or tap here to enter text.

**Presenting Problems**

In your opinion, what are the reasons you are consulting as a couple at this time? Describe in as much detail as possible the issues you have with your partner, when they began etc.

Click or tap here to enter text.

What do you expect out of this therapy? What are your goals?

Click or tap here to enter text.

**History of your relationship**

How long have you and your partner been together?Click or tap here to enter text.

What are your living arrangements?

Click or tap here to enter text.

What was the very beginning of your relationship like? How long did this phase last?

Click or tap here to enter text.

What initially attracted you to your partner?

Click or tap here to enter text.

What are the things you like most about your relationship? What are your sources of pleasure as a couple?

Click or tap here to enter text.

What are the top 3 things you wish to change in your relationship? When do you feel most frustrated in your relationship?

Click or tap here to enter text.

In what important ways are the two of you similar? Different? What do the two of you share in common?

Click or tap here to enter text.

Commitment to staying in your relationship (%): Click or tap here to enter text.

What traits do you appreciate in your partner?

Click or tap here to enter text.

What traits do you think your partner appreciates in you?

Click or tap here to enter text.

Do you feel supported by your partner? If so, how and when?

Click or tap here to enter text.

Do you feel that you provide your partner with support or encouragement? How?

Click or tap here to enter text.

**Relationships/Family History:**

How would you describe the home in which you were raised?

Click or tap here to enter text.

Describe your relationship with your mother.

1. As a child: Click or tap here to enter text.
2. Presently: Click or tap here to enter text.

Describe your relationship with your father.

1. As a child: Click or tap here to enter text.
2. Presently: Click or tap here to enter text.

Describe your parent's relationship to each other.

1. Growing up: Click or tap here to enter text.
2. Presently: Click or tap here to enter text.

**Handling conflict**

Our fights and arguments are very destructive to our relationship: Yes  No

How often do you argue? Click or tap here to enter text.

What do you most often argue about?

Click or tap here to enter text.

What do you do when you are angry? What does your partner do?

Click or tap here to enter text.

How long do you stay mad at each other? Who is the first to attempt to make things better? How do you resolve conflict?

Click or tap here to enter text.

Describe your most recent argument. How did it start? How did it end?

Click or tap here to enter text.

Do you ever feel like leaving your partner? Yes  No

Have there been any incidents of physical violence or threat of violence? If yes, describe.

Click or tap here to enter text.

Do you or your partner have difficulties with alcohol or substance abuse? If yes, describe.

Click or tap here to enter text.

Has there been any infidelity in your relationship? If yes, describe.

Click or tap here to enter text.

**Intimacy**

Are you sexually active with your partner? Yes  No

How satisfied are you with your sex life with your partner?

Completely  Unsatisfied  Completely  Satisfied

Who initiates sex most often? Click or tap here to enter text.

Do you communicate well? Yes  No

How open are you in expressing your innermost thoughts and feelings with your partner?

Totally Closed  Somewhat Closed  Somewhat Open  Totally Open

How connected do you feel to your partner?

Completely Separate  Somewhat Separate Somewhat Attached  Completely Attached

How comfortable are you doing activities away from your partner? How comfortable are you with your partner spending time away from you?

Click or tap here to enter text.

Do you confide in a special person outside of your relationship? If so, who? Describe your relationship.

Click or tap here to enter text.

Name your joint commitments to goals, projects, work etc.

Click or tap here to enter text.

Is there anything else you feel is important to share right now?

Click or tap here to enter text.