

Have either you been in individual counseling before? Yes No

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

Do either you or your partner drink alcohol or take drugs to intoxication? Yes No

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

Do you ever wish your partner would cut back on his/her drinking or drug use? Yes No N/A

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

Yes No If yes, who, how often and what happened?

Has 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Do you perceive that either you or your partner has withdrawn from the relationship?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, who? Me Partner Both of us

How enjoyable is your sexual relationship? (Check one)

1 2 3 4 5 6 7 8 9 10
(extremely unpleasant) (extremely pleasant)

How satisfied are you with the frequency of your sexual relations? (Check one)

1 2 3 4 5 6 7 8 9 10
(extremely unsatisfied) (extremely satisfied)

What is your current level of stress (overall)? (Check one)

1 2 3 4 5 6 7 8 9 10
(no stress) (high stress)

What is your current level of stress (in the relationship)? (Check one)

1 2 3 4 5 6 7 8 9 10
(no stress) (high stress)

Rank the order of the top three concerns you have in your relationship with your partner (1 being the most problematic)

1. _____

2. _____

3. _____