



## COUPLES COUNSELING – BASIC QUESTIONS:

*\*Just fill out one form per couple\**

Who requested the  
counseling?

PERSON #1: \_\_\_\_\_ AGE: \_\_\_\_\_

PERSON #2: \_\_\_\_\_ AGE: \_\_\_\_\_

HAVE YOU ATTENDED COUPLES COUNSELING BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

HOW LONG TOGETHER? \_\_\_\_\_ MARRIED? ( ) yes ( ) no > If yes, HOW LONG MARRIED? \_\_\_\_\_

HAVE YOU BROKEN UP IN THE PAST? \_\_\_\_\_ HOW MANY TIMES? \_\_\_\_\_ WHY? \_\_\_\_\_

YOUR LIVING SITUATION: \_\_\_\_\_

WHERE ARE YOU NOW? (1) I am great. I have no idea why we are doing therapy. (2) Things are a little bit off, I'm concerned. (3) Things are getting bad, I am very worried. (4) It feels unbearable most of the time. (5) I'm DONE!

Person #1 \_\_\_\_\_ Person #2 \_\_\_\_\_

WHAT 0%-100% DO YOU WANT TO MAKE IT WORK TODAY? (person #1) \_\_\_\_\_ (person #2) \_\_\_\_\_

WHAT ARE YOUR MAIN ISSUES WITH THE RELATIONSHIP? \_\_\_\_\_

\_\_\_\_\_

WHICH IS THE #1 TOP PRIORITY? \_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU FEEL NEEDS TO HAPPEN IN ORDER FOR THINGS TO GET BETTER? \_\_\_\_\_

\_\_\_\_\_

HOW DO YOU ARGUE: (Circle all that apply) Discussion, Debate, Disagreement, Argument, Fight, Blow-up, Violence

HOW OFTEN DO YOU FIGHT? \_\_\_\_\_

IS THERE ANY >> \_\_\_ Addiction \_\_\_ Abuse \_\_\_ Adultery \_\_\_ Anxiety \_\_\_ Depression Other? \_\_\_\_\_

WHAT HAVE YOU EACH TRIED SO FAR TO MAKE IT WORK? \_\_\_\_\_

\_\_\_\_\_

WHY DO YOU WANT THINGS TO WORK OUT? \_\_\_\_\_

\_\_\_\_\_

ARE YOU 'WILLING' TO CHANGE & DO THE WORK TO MAKE THINGS BETTER? (person #1) \_\_\_\_\_ (person #2) \_\_\_\_\_

ANYTHING ELSE? \_\_\_\_\_

\_\_\_\_\_

\*Please also fill out the "Client Basic Information" paper for each of you. Thank you! DATE: \_\_\_\_\_