

Couples Counseling

Name \_\_\_\_\_

What is the reason you are coming with your partner for counseling \_\_\_\_\_

\_\_\_\_\_

What is your opinion of what is not working in your relationship \_\_\_\_\_

\_\_\_\_\_

What is your opinion of what is working in you relationship \_\_\_\_\_

\_\_\_\_\_

How would you describe your partner \_\_\_\_\_

How would your partner describe you \_\_\_\_\_

What do you do to sabotage your relationship with your partner \_\_\_\_\_

Have you or your partner had an affair during this relationship \_\_\_\_\_

Do you or your partner have any known addictions \_\_\_\_\_

If so please describe \_\_\_\_\_

\_\_\_\_\_

Is there or has there been emotional violence in your relationship \_\_\_\_\_

If so describe \_\_\_\_\_

Is there or has there been physical violence in your relationship \_\_\_\_\_

If so describe \_\_\_\_\_

Is there or has there been sexual violence in your relationship \_\_\_\_\_

If so describe \_\_\_\_\_

Please rate your degree of satisfaction in the following areas of your relationship:

	Unsatisfied					Satisfied	
	1	2	3	4	5	6	7
Communication	1	2	3	4	5	6	7
Honesty	1	2	3	4	5	6	7
Child Raising	1	2	3	4	5	6	7
Financial Decisions	1	2	3	4	5	6	7
Sexual Relationship	1	2	3	4	5	6	7
Other _____	1	2	3	4	5	6	7