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Couples Counseling Questionnaire

Name: _____ Date: _____

Partner/Spouse Name: _____

Length of time in relationship: _____

What do you hope to accomplish through counseling? _____

What have you already done to deal with the difficulties? _____

Have you received prior couples counseling related to any of the above problems? Yes No

If yes, when: _____ Where/who: _____

Length of treatment: _____

Please provide your opinion as to what worked and what did not: _____

Have either you been in individual counseling before? Yes No Currently? Yes No

If so, provide the name of the therapist and give a brief summary of issues addressed.

Do you perceive that either you or your partner has withdrawn from the relationship?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If yes, which of you has withdrawn?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



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

1. _____
2. _____
3. _____

Please draw a graph indicating your level of relationship satisfaction (1=lowest and 10=highest) beginning with when you met your partner.

Note pivotal/significant events in your relationship (e.g., birth of a child, one of you had an affair, etc.)

