

# SUNSET COUNSELING CENTER • I N C O R P O R A T E D •

## Couples Counseling Questionnaire

Your Name: \_\_\_\_\_ Partner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Complete each of the questions with a simple and honest answer, to help us assess your current relationship status and how we can be of assistance in improving the quality of your relationship.

1. What is the problem that led you to decide to come to therapy?

\_\_\_\_\_

2. How long have you and your partner been together? In what form? (i.e., dating, living together, married)

\_\_\_\_\_

3. What initially attracted you to your partner?

\_\_\_\_\_

4. How was the decision to live together or marry made?

\_\_\_\_\_

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

\_\_\_\_\_

6. What was your first disillusionment? What happened and how did you resolve it? Did this lead to any changes in your relationship?

\_\_\_\_\_

7. When did you first become aware of significant differences between the two of you? In what important ways are the two of you similar? Different? How do you resolve these differences?

\_\_\_\_\_

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

\_\_\_\_\_

9. Do you spend time in activities away from your partner? If so, how often? Doing what?

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10. Do you spend time alone or with people who are not mutual friends? Does this create conflict in your relationship?

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11. Do you enjoy your free time? Does planning how to spend it create anxiety for you?

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12. How comfortable are you doing activities away from your partner? And your partner spending time away from you?

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13. On a scale of 1 to 10, how open are you in expressing your innermost thoughts and feelings to your partner? (1 is totally closed and 10 is totally open)

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14. When you feel like you need support from your partner, do you get it? How?

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15. When your partner needs support or encouragement, do you feel that you give it? How?

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16. Do you support your partner's development as an individual? How (give example)?

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17. Describe your intimate relationship. What do you find most/least satisfying about it?

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18. When do you feel most gratified in your relationship?

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19. When do you feel most frustrated in your relationship?

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20. Do the two of you have joint commitments to goals, projects, work, or social causes? Does this add or detract from the bond between you?

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# Relationship/Marriage Problem Analysis

Your Name: \_\_\_\_\_ Partner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

For each of the following, indicate how serious a problem it is in your relationship/marriage.

Use these numbers to indicate your answer:

1. Serious enough to threaten our relationship/marriage unless resolved
2. Serious, but not enough to threaten our relationship/marriage if left unresolved
3. Sometimes disappointing, but not a serious problem
4. Not a problem at all

\_\_\_\_\_ Affection

\_\_\_\_\_ Family Commitment

\_\_\_\_\_ Sexual Fulfillment

\_\_\_\_\_ Admiration

\_\_\_\_\_ Intimate Conversation

\_\_\_\_\_ Selfish Demands

\_\_\_\_\_ Recreational Companionship

\_\_\_\_\_ Disrespectful Judgments

\_\_\_\_\_ Honesty and Openness

\_\_\_\_\_ Angry Outbursts

\_\_\_\_\_ Physical Attractiveness

\_\_\_\_\_ Dishonesty

\_\_\_\_\_ Financial Support

\_\_\_\_\_ Annoying Habits

\_\_\_\_\_ Domestic Support

\_\_\_\_\_ Independent Behavior

Are you in the process of separating/divorcing?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Have you been considering separating/divorcing?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

When did you start considering separating/divorcing?

\_\_\_\_\_ Months

\_\_\_\_\_ Years

How committed are you to counseling (1-10 scale)?

1 2 3 4 5 6 7 8 9 10