

Patient Name _____ Date of Birth _____ Date _____

COUPLES QUESTIONNAIRE

1. How long have you been married/ or partners _____.
2. Length of time knew spouse/ or partner before marriage _____.
3. If previously married or partnered, how many times _____.
4. Length of each relationship _____.
5. Number of children from present marriage _____.
From past relationship _____.
6. I have problems with how much my partner is drinking _____.
7. My partner has a problem with how much I drink _____.
8. I have issues with my partners'/ spouses' personality traits _____.
9. I believe we are good at resolving conflict _____.
10. We agree on how to manage our finances _____.
11. I enjoy spending time with my partner/ spouse _____.
12. We share similar interests _____.
13. I have very different values than my spouse/ partner _____.
14. I am satisfied with our sexual relationship _____.
15. I believe my spouse/ partner is satisfied with our sexual relationship _____.
16. Religious differences are an issue in our relationship _____.
17. We have fights or disagreements involving different ideas about parenting _____.
18. We have issues with in-laws and family _____.
19. My partner/ spouse and I agree on our roles/ responsibilities in running a household _____.
20. I prefer traditional roles/ equality (circle) in responsibility.
21. My partner/ spouse prefers traditional roles/ equal roles (circle).

List three strengths in your relationship.

1. _____
2. _____
3. _____

List three goals you have in psychotherapy.

1. _____
2. _____
3. _____