

## COUPLES QUESTIONNAIRE

Name \_\_\_\_\_ Age \_\_\_\_\_

Relationship Status \_\_\_\_\_ Years Together \_\_\_\_\_

Please answer each question as completely and accurately as possible. Your information will help me learn about your relationship and help plan your treatment.

1. What are the things you like most about your relationship?
2. What do you like most about your partner?
3. What are the things you want most to change?
4. How often do you argue?
5. Describe in detail your most recent argument. How did it start? What happens next? How did it end?
6. When you argue, does anyone end up leaving? Who? How long before they come back? How long do you stay angry at each other?

7. Who is the first to attempt to make things better?

8. Do your arguments ever get physical? Verbally abusive? Please detail.

9. Who initiates sex most often?

10. If you are not having sex, when and how did it stop?

11. Do you use sex to repair the relationship? How?

12. Is sex a painful topic in your relationship? Why?

13. Do you use physical touch, affection with each other? What type of touch is most frequent?

14. In your present relationship, can you ask your partner for closeness and comfort? Please detail. Can you rate your level of difficulty in asking? (1= extremely easy, 10=extremely hard)

15. Can you think of bonding moments when one of you reaches out and the other responds in a way that makes you both feel emotionally connected and secure with each other? Please detail.
16. What messages about love/marriage did you get from your parents? Your community?
17. Before your present relationship, did you experience a safe, loving relationship with someone you trusted, felt close to and could turn to if needed? Who was that person? Please explain.
18. Are there significant times in your present relationship that you felt your partner was not there for you? Please explain.
19. If it is hard for you to turn to and trust others, to let them close when you really need them, what do you do when life becomes too big to handle or when you feel alone?
20. Name two specific things that would make you feel safer and more secure in your present relationship.
21. Is there anything else about your relationship you would like to share?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_