



6.) Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does.

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

If yes, When: \_\_\_\_\_ Where: \_\_\_\_\_

Therapist: \_\_\_\_\_ Length of treatment: \_\_\_\_\_

Problems treated:

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What was the outcome (check one)?

Very successful  Somewhat successful  Stayed the same  Somewhat worse  Much worse

8.) Have either you or your partner been in individual counseling before?  Yes  No If so, give a brief summary of concerns that you addressed.

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9.) Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? Yes  No   
If yes for either, who, how often and what drugs or alcohol?

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10.) Have either you or your partner struck, physically restrained, used violence against or injured the other person?

If yes for either, who, how often and what happened.

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11.) Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?

If yes, who? \_\_\_ Me \_\_\_ Partner \_\_\_ Both of us

If married, have either you or your partner consulted with a lawyer about divorce?

I f yes, who? \_\_\_ Me \_\_\_ Partner \_\_\_ Both of us

12.) Do you perceive that either you or your partner has withdrawn from the relationship?

If yes, which of you has withdrawn? \_\_\_Me \_\_\_Partner \_\_\_Both of us

13.)How frequently have you had sexual relations during the last month? \_\_\_\_\_times

How enjoyable is your sexual relationship? (Circle one)

1      2      3      4      5      6      7      8      9      10

(extremely unpleasant)

(extremely pleasant)

How satisfied are you with the frequency of your sexual relations? (Circle one)

1      2      3      4      5      6      7      8      9      10

(extremely unsatisfied)

(extremely satisfied)

14.) What is your current level of stress (overall)? (Circle one)

1      2      3      4      5      6      7      8      9      10

(no stress)

(high stress)

15.)What is your current level of stress (in the relationship)? (Circle one)

1      2      3      4      5      6      7      8      9      10

(no stress)

(high stress)

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

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Lastly, please draw a graph of your Relationship Over Time, indicating your level of relationship satisfaction beginning with when you met your partner. Note pivotal/significant events in your relationship (e.g., moving in/out, children, marriage, career changes, sickness, separation, infidelity, traumatic events etc.).

Complete satisfaction



No satisfaction

Thank you for completing this. Please bring this with you during your first appointment. Please note that you will be asked to talk about your answers in sessions but your partner will not be shown this form.