



**Note: For couples, in addition to answering the questions below please fill out an adult individual assessment form. This will allow me to understand you individually and as a couple.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Partner:** \_\_\_\_\_

**Relationship Status:** (check all that apply)

Married  Separated  Divorced  Dating

Cohabiting  Living together  Living apart

**Length of time in current relationship:** \_\_\_\_\_

**What are the main difficulties that you are experiencing in your relationship?**

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**What do you hope to accomplish through counseling?**

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

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**In a perfect world, what would you ideally like the relationship to look like?**

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**From your point of view, what needs to happen in order for the relationship to become what you want it to be?**

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**Are there ways that you do not trust your partner? If there are ways you do not trust your partner, what are the ways you do not trust your partner, and why?**

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**If you think that you have a role in the difficulties in the relationship, how motivated are you to address your contributions to the difficulties in the relationship? Would you want to work on these issues for your own sake regardless of whether or not this relationship lasts into the future or not?**

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**Do you think your partner has a role in the difficulties? If so, what do you see as your partner's role in the difficulties?**

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**How committed are you to the longevity of the relationship? (Circle one)**

(Extremely noncommittal) 1 2 3 4 5 6 7 8 9 10 (extremely committed)

**If you have one foot in and one foot out of the relationship, can you identify the time when this happened?**

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**What are your biggest strengths as a couple?**

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**Is this a monogamous relationship? If so, has unfaithfulness ever been a problem in this relationship? If yes, who was unfaithful to whom? Was the affair discovered, and if so, how?**

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**Have you received prior couples counseling related to any of the above problems?**  Yes  No If yes, when: \_\_\_\_\_

Where: \_\_\_\_\_

By whom: \_\_\_\_\_

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

Problems treated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What was the outcome** (check one)?  Very successful  Somewhat successful  Stayed the same  Somewhat worse  Much worse

**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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**Do either you or your partner drink alcohol to intoxication or take drugs to intoxication?**

If yes for either, who, how often and what drugs or alcohol?

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**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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**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?**

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

**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

**How frequently have you had sexual relations during the last month?**

\_\_\_\_\_ times

**How enjoyable is your sexual relationship? (Circle one)**

(Extremely unpleasant) 1 2 3 4 5 6 7 8 9 10 (extremely pleasant)

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

(Extremely unsatisfied) 1 2 3 4 5 6 7 8 9 10 (extremely satisfied)

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

(No stress) 1 2 3 4 5 6 7 8 9 10 (high stress)

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

(No stress) 1 2 3 4 5 6 7 8 9 10 (high stress)

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Do you plan on paying for sessions with credit/debit card (an added 3% fee for processing cost), cash, check, PayPal, or Venmo?**

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