Couples Assessment
(to be filled out individually by each partner)

Partner Name:

Presenting Problems

In your opinion, what are the reasons you are consulting as a couple at this time? Describe in as much detail as possible the issues you have with your partner, when they began etc...

What do you expect out of this therapy? What are your goals?

How long have you and your partner been together?

What are your living arrangements?

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

What initially attracted you to your partner?

What are the things you like most about your relationship?

What are the top 3 things you wish to change in your relationship?

Adapted from Sunflower Health Center and The Couples Institute (2009)
When do you feel most frustrated in your relationship?

In what important ways are the two of you similar? Different?

Have you had therapy or couple's counselling in the past? If so, when? Explain what was helpful and what was not.

Percentage committed to staying in your relationship:

What traits do you appreciate in your partner? What traits do you think your partner appreciates in you?

Do you feel supported by your partner. If so, how and when? Do you feel that you provide your partner with support or encouragement? How?

**Relationships/Family History**

How would you describe the home in which you were raised?

Adapted from Sunflower Health Center and The Couples Institute (2009)
Describe your relationship with your mother.
A) As a child:

B) Present time:

Describe your relationship with your father.
A) As a child:

B) Present time:

Describe your parent's relationship to each other.
A) As a child:

B) Present time:

Do you or your partner have children? Please list their names, ages, and their biological parentage. Describe your relationship with your children (if applicable).

Adapted from Sunflower Health Center and The Couples Institute (2009)
Describe your relationship with your siblings (if applicable).
A) As a child:

B) Present time:

Handling conflicts

Our fights and arguments are very destructive to our relationship Y N

How often do you argue?

What do you most often argue about?

What do you do when you are angry? What does your partner do? How long do you stay mad at each other?

Who is the first to attempt to make things better?

Adapted from Sunflower Health Center and The Couples Institute (2009)
How do you resolve conflict?

Describe your most recent argument. How did it start? How did it end?

Do you ever feel like leaving your partner? Y N

Have there been any incidents of physical violence or threat of violence? If yes, describe.

Do you or your partner have difficulties with alcohol or substance abuse? If yes, describe.

Has there been any infidelity in your relationship? If yes, describe.

**Intimacy**

Are you sexually active with your partner? Y N

How satisfied are you with your sex life with your partner? Scale of 1-10, 1 being Completely Unsatisfied and 10 being Completely Satisfied:

Who initiates sex most often?

Do you communicate well? Y N

How open are you in expressing your innermost thoughts and feelings with your partner? Scale of 1-10, 1 being Totally Closed Totally and 10 being Completely Open:

Adapted from Sunflower Health Center and The Couples Institute (2009)
How connected do you feel to your partner? Scale of 1-10, 1 being Completely Separate and 10 being Completely Attached:

Social List some social activities you engage in as a couple. What activity do you engage in most together? Are there activities you specifically do not do together? Any spiritual/religious/cultural activities?

How comfortable are you doing activities away from your partner?

How comfortable are you with your partner spending time away from you?

Do you confide in a special person outside of your relationship? If so, who? Describe your relationship with that person.

Name your joint commitments to goals, projects, work etc.

Any additional information:

Adapted from Sunflower Health Center and The Couples Institute (2009)