

# COUPLES ASSESSMENT QUESTIONNAIRE



***This questionnaire is to be completed by both parties individually, on two separate documents.***

*To the best of your ability, please answer all of the questions. All of the information that you provide in this questionnaire will remain strictly confidential.*

Date: mm/dd/yy

Referral: \_\_\_\_\_

## Client Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex:  Male  Female Birthdate: mm/dd/yy Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mother tongue: \_\_\_\_\_ Other Spoken Languages: \_\_\_\_\_

Home tel.: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work tel.: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_ - \_\_\_\_\_

Other tel.: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

E-mail address: \_\_\_\_\_

Your Partner's Name: \_\_\_\_\_

I agree to receive periodical email correspondence from our clinic (i.e. appointment reminders and newsletters). Yes

# 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?***

## **History of your current relationship**

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 your sources of pleasure as a couple?

What are the top 3 things you wish to change in your relationship? When do you feel most frustrated in your relationship?

In what important ways are the two of you similar? Different? What do the two of you share in common?

**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?

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) Growing up:

  

B) Present time:

Describe your relationship with your children (if applicable).

Name	Age	Rate 1 to 10	Quality

Describe your relationship with your siblings (if applicable).

Name	Age	Rate 1 to 10	Quality

# 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? 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?

0 1 2 3 4 5 6 7 8 9 10

Completely Unsatisfied

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 ?

0 1 2 3 4 5 6 7 8 9 10

Totally Closed

Totally Open

How connected do you feel to your partner?

0 1 2 3 4 5 6 7 8 9 10

Completely Separate

Completely Attached

# Social

List some social activities you engage in as a couple.

Social Activity	Frequency	Comments

What social activity do you enjoy the most together? \_\_\_\_\_

**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.**

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

## **Other**

**Is there anything else you feel is important to share right now?**



# Consent to Release Information

In order to receive optimal care I understand that the health professionals at Sunflower Health Center use a multi-disciplinary team approach and may share pertinent information regarding my case with each other.

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

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

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I understand that the Practitioner involved in my case may need to communicate with other person(s) involved in my case (ex: physician, teacher, parent, other professionals etc.)

I authorize my Practitioner \_\_\_\_\_, to share pertinent information regarding my file specifically to:

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1. \_\_\_\_\_  
Name Relationship Address Phone Number

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2. \_\_\_\_\_  
Name Relationship Address Phone Number

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3. \_\_\_\_\_  
Name Relationship Address Phone Number

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

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

I agree that the information in this questionnaire is accurate and honest. I understand that to encourage a healthy and successful couples therapy program I need to be honest with my partner and my practitioner. I thus agree to share any pertinent information regarding my life with my partner named \_\_\_\_\_.

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

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