



**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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**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?**  Yes  No

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?**  Yes  No

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?**

Yes  No If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

**If married, have either you or your partner consulted with a lawyer about divorce?**  Yes  No

If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

**Do you perceive that either you or your partner has withdrawn from the relationship?**  Yes  No

If yes, which of you has withdrawn?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 was your sexual relationship** (circle one) ?

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

**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)

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

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

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

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

**Lastly, please draw a graph indicating your level of relationship satisfaction beginning with when you met your partner.** Note pivotal/significant events in your relationship (e.g., one of you moved out, one of you cheated).

Complete satisfaction



No satisfaction

**Relationship over time**

*When you met/began dating*

*Current*