

Couples Assessment

This information is an essential part of assessment and the information you provide will be discussed during your individual evaluations and shared during your couples therapy unless otherwise indicated.

Name _____ Date _____

1) How much distress/pain are you experiencing in your relationship? (0 -10) _____
(0 = none, 10 = the most you can imagine)

2) How committed are you to the relationship? (0-10) _____
(0 = I want a divorce now, 10 = I would not dream of leaving)

3) In your words, briefly say- why are you seeking therapy now as opposed to any other time you may have felt distress?

4) Is there any violence in the relationship (pushing, shoving, throwing things, etc) Y N ****note:**
THIS WILL NOT BE SHARED IF ITS HAPPENING

5) In a percentage, how much responsibility do you believe you have in the problems and conflicts troubling your relationship? (0 – 100%) _____

6) Name 3 primary topics/conflicts that you would like to work through in therapy:

7) Name 3 strengths in your relationship now:

8) Briefly say what you hope therapy will do for you and your relationship:

(Please Use the back if you need more room)

Part II

1) What was your relationship with your mother like?

2) What was your relationship with your father like?

3) How would you describe your parents marriage? i.e., did they fight? How? How did they show love or affection for each other?

4) What were your romantic relationships like with other people in the past

5) Do you have close friends/what are those relationships like?

