

Couples Counseling Intake Questionnaire

Your name: _____ Date: _____

1. What would you say is the most important thing you want to see change due to coming to couples counseling?

2. What is a strength for the two of you as a couple?

3. Have any of these things happened in your relationship? (circle one)

a. Physical pushing, shoving, pinning or hitting	Yes, this happened in the past year	Never	Not in the past year
b. Not letting me do things I wanted to do (see friends, go on a trip, individual activities...	Yes, this happened in the past year	Never	Not in the past year
c. Being jealous of relationships	Yes, this happened in the past year	Never	Not in the past year
d. Using a weapon, knife, gun or threatening to	Yes, this happened in the past year	Never	Not in the past year
e. Yelling, screaming, cursing or verbal attack	Yes, this happened in the past year	Never	Not in the past year

4. Is there any history of infidelity in your relationship?

None	Yes, emotional affair only	Yes, physical romantic	Yes, there is a current relationship with someone else
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If yes, please explain.

4. Have you used any illegal substances in the past year (marijuana, cocaine, LSD, drugs you were not prescribed, etc. This information is confidential). YES NO

If yes, please explain,

Please rate your relationship on the following seven areas from 1- couldn't be worse to 7- couldn't be better.

Think about your relationship in terms of the last 2 weeks.

	Couldn't be worse		Not bad not good			Couldn't be better	
Communication	1	2	3	4	5	6	7
Resolution of differences	1	2	3	4	5	6	7
Freedom from blaming your partner when things go wrong	1	2	3	4	5	6	7
Willingness to admit to having hurt your partner and ask your partner for forgiveness	1	2	3	4	5	6	7
Ability to forgive your partner after a hurt	1	2	3	4	5	6	7
Intimacy & Closeness	1	2	3	4	5	6	7
Central Values & priorities of what is important in life	1	2	3	4	5	6	7
My thoughts about our relationship being positive and hopeful	1	2	3	4	5	6	7
Commitment to my partner for the long term	1	2	3	4	5	6	7

Created by Worthington et al, 1997 & Ripley (2009)

How do you feel about your ability to handles problems in your relationship? Please answer each.

	Strongly Disagree						Strongly Agree	
1. I have little control over the conflicts that occur between my partner and I.	1	2	3	4	5	6	7	
2. There is no way I can solve some of the problems in my relationship.	1	2	3	4	5	6	7	

	Strongly Disagree	1	2	3	4	5	6	Strongly Agree
3. When I put my mind to it I can resolve just about any disagreement that comes up between my partner and I.	1	2	3	4	5	6	7	
4. I often feel helpless in dealing with the problems that come up in my relationship.	1	2	3	4	5	6	7	
5. Sometimes I feel that I have no say over issues that cause conflict between us.	1	2	3	4	5	6	7	
6. I am able to do the things needed to settle our conflicts.	1	2	3	4	5	6	7	
7. There is little I can do to resolve many of the important conflicts between my partner and I.	1	2	3	4	5	6	7	

Dyadic Trust

Circle the number that indicates where, on a scale of 1 to 5, you would agree with these eight statements.

	Strongly Disagree	1	2	Neutral	3	4	Strongly Agree
1. My partner is primarily interested in his (her) own welfare.	1	2	3	4	5		
2. There are times when my partner cannot be trusted.	1	2	3	4	5		
3. My partner is perfectly honest and truthful with me.	1	2	3	4	5		
4. I feel that I can trust my partner completely.	1	2	3	4	5		
5. My partner is truly sincere in his (her) promises.	1	2	3	4	5		
6. I feel that my partner does not show me enough consideration.	1	2	3	4	5		
7. My partner treats me fairly and justly.	1	2	3	4	5		
8. I feel that my partner can be counted on to help me.	1	2	3	4	5		