



# Creating Connections Counseling Services, LLC

## Couples Questionnaire

**Please answer each question as completely and accurately as possible.**

What are the things you like most about your relationship? \_\_\_\_\_

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What are the things you most want to change? \_\_\_\_\_

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How often do you argue? \_\_\_\_\_

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What do you most often argue about? \_\_\_\_\_

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

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When you do argue, does someone end up leaving? Who? How long before they come back?

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How long do you stay mad at each other? \_\_\_\_\_

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Who is the first to attempt to make things better? How does he/she try to make things better?

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Do your arguments ever get physical? \_\_\_\_\_

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Who initiates sex most often? \_\_\_\_\_  
\_\_\_\_\_

The use of alcohol or prescription/illegal drugs is a problem in our relationship.  Yes  No

Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I confide in a special person outside our relationship:  Yes  No

Who? \_\_\_\_\_

Does your partner know about this relationship?  Yes  No

\_\_\_\_\_

There are specific events in our relationship I am having trouble getting over. Describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Despite all your problems, do you believe your partner really cares about you?

Yes  No  Sometimes  Not Sure

How important is it to you that this relationship succeeds?

Extremely important  Very important  Somewhat important

Not very important  Don't feel much hope that we can succeed

How committed are you to doing whatever it takes to make this relationship succeed?

Extremely committed  Very committed

Somewhat committed  Not very committed

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date