



Couples Assessment

Name: _____ Your Age _____

Spouse /Partner's Name: _____ Spouse /Partner's Name Age: _____

Do you have children and what are their names and ages?

Where do you live, and are you currently living together?

How long have you lived together?

What is your occupation?

How would you describe your parents' relationship?

What was their communication style like?

How influential would you say their relationship is in regards to how you relate to your partner?

How did you and your partner meet?

What three things do you admire about your partner?

What made the two of you choose to be with one another?

What do you need from your partner to feel loved and cared for in this relationship?

How do you all make decisions together?

How do the two of you handle money, children and roles (such as parenting)? If so, what did you both agree on?

How do you like to spend time together?

What three words would you use to describe your relationship?

How do you both handle conflict in the relationship?

How do you want your partner to show appreciation and affection towards you?

How do you discuss difficult matters and vulnerable feelings with your partner?

How do you to show appreciation and affection towards your partner?

Are there times you feel judged or criticized by your partner?

All the time Sometimes Rarely Never

Comments: _____

Are there any issues from the past that currently affect the relationship?

Yes No Unsure

Comments: _____

What changes could be made to make this relationship function better?

How is your sexual relationship with each other?

Do your family and friends support this relationship?

Yes No Unsure

Comments: _____

Has there ever been abuse (physical, sexual, emotional) of any kind in this relationship? Please explain details and dates.

Have you been married before? If so when, for how long, and do you have children from that marriage(s)?

Clinician Signature: _____ Date: _____

Patient/Guardian Signature: _____ Date: _____