Couple Counseling Assessment

Personal Information

First name:	Last name:
Age:	Date of birth:
Ethnicity:	Religion:
Marital status:	Number of children and their ages:
Sex/gender:	

Name of partner:

Telephone:

Marriage Details

When and where did you meet?

What first attracted you to the other person?

When did you decide to get married?

Marital Issues

Have there been any significant issues or obstacles in the marriage? What were they?

How satisfied are you with the marriage? (Where 0 is extremely unsatisfied and 10 is extremely satisfied)

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

If you could change one thing about yourself, what would it be?

If you could change one thing about the other person, what would it be?

What are you hoping for from counseling? What are your treatment objectives?

For example:

- Problem solving
- Increase quality time together
- Improve respect and understanding
- Improve parenting skills
- Anything else?
- Improve communication
- Increase intimacy
- Be more intimate

Any Stressful Life Events

Please capture any stressful life events that may be impacting the relationship in the box below

Type of problem/ worries	Yes/No	If yes, please describe:
Financial	☐ / ☐	
Health/illness	☐ / ☐	
Family conflict	☐ / ☐	

Type of problem/ worries	Yes/No	If yes, please describe:
Bereavement/grief	☐ / ☐	
Accomodation	☐ / ☐	
Educational	☐ / ☐	
Friends	☐ / ☐	

Other Areas to Focus on

Tick all the following that apply:

Area	Yes/No	Details
Difficulty in expressing thoughts	☐ / ☐	
Not feeling heard	☐ / ☐	
Disrespect	☐ / ☐	
Conflict	☐ / ☐	
Verbal or physical abuse	☐ / ☐	
Unsure of our problems	☐ / ☐	

Area	Yes/No	Details
Lack of sexual intimacy	☐ / ☐	
Lack of sexual satisfaction	☐ / ☐	
Inability to compromise	☐ / ☐	
Decision making is not shared equally	☐ / ☐	
Insufficient quality time together	☐ / ☐	
Not feeling valued	☐ / ☐	
Committed adultery	☐ / ☐	
Lack of boundaries with friends or families	☐ / ☐	
Unfair distribution of household chores	☐ / ☐	
Financial concerns	☐ / ☐	
Unhappiness with job	☐ / ☐	
Work schedule interferes with relationship	☐ / ☐	
Poor mental or physical health	☐ / ☐	