

COUPLES QUESTIONNAIRE

Name: _____ Date: _____

1. What would you like to change most about yourself?
2. How could you achieve this?
3. What would you like to change most about your partner?
4. What could your partner do about question 3?
5. What could you do about question 3?
6. What pleases you most about your partner?
7. What was the best thing you did together in the last month?
8. What was the hardest thing you did together in the last month?
9. What is the best thing about your marriage?
10. What is the worst thing about your marriage?
11. What could be done about question 10?
12. What is the best thing about your sex life?
13. What is the most difficult thing about your sex life?
14. How can your partner help change question 13?
15. How can you help change question 13?
16. What is your desire to stay in the relationship and improve it?

No Desire 1 2 3 4 5 6 7 8 9 10 Strong Desire

17. List 4 things you enjoy socially?

* _____

* _____

* _____

* _____

18. List 4 things you find difficult socially?

* _____

* _____

* _____

* _____

19. List 4 things you enjoy around the house?

* _____

* _____

* _____

* _____

20. List 4 things you find difficult around the house?

* _____

* _____

* _____

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21. Would you like your partner to read this? Yes No

22. Anything Else?
