

Texas Military Department Counseling Program
COUPLES ADDENDUM – RELATIONSHIP QUESTIONNAIRE*

***Prior to completing this form, please review Informed Consent for Treatment**

Both partners need to complete this questionnaire separately/independently. Please return prior to or bring to your first session

Name: _____ DOB: _____

As you think about the primary reason that brings you to couples counseling, how would you rate your overall level of concern at this point in time? No concern (counseling was my partner's idea) Little concern
 Moderate concern Serious concern

What was the prompting event that led to you to seek couples counseling **now**? _____

Rank the top three concerns that you have in your relationship with your partner (#1 being the most problematic):

1. _____
2. _____
3. _____

How long have these concerns been occurring? _____

What have you already done to deal with the difficulties? _____

Has either of you threatened to separate or divorce as a result of the current relationship problems? Yes No
If yes, who? Me Partner Both of Us

If married, have either you or your partner consulted with a lawyer about divorce? Yes No

If yes, who? Me Partner Both of us

Have either you or your partner taken physically forceful actions during interactions? Yes No

If yes, who? Me Partner Both of Us

How often did or has this occurred in the relationship? _____

Are physical actions/responses still occurring in the relationship? Yes No

Have you ever wished your partner would cut back on their substance or alcohol use? Yes No

Has your partner expressed the desire for you to cut back on your substance or alcohol use? Yes No

When disagreements arise, they usually involve....

becoming very angry / over-reactive: Me Partner Both of us

blaming for our problems: Me Partner Both of us

Withdrawing affection: Me Partner Both of us

Becoming critical: Me Partner Both of us

In speaking, becoming unclear or unable to express self clearly: Me Partner Both of us

Giving In or apologizing: Me Partner Both of us

Ignoring feelings and concerns: Me Partner Both of us

Abruptly leaving the room or house without notice: Me Partner Both of us

Other: _____

Have either of you threatened to harm self in response to an argument or break-up? Yes No

If yes, who? Me Partner Both of us ...And, how many times has this occurred? _____

Please rate your current level of relationship satisfaction:
(extremely unsatisfied) 1 2 3 4 5 (extremely satisfied)

To what degree does your family and / or friends support you as a couple?
(Extremely Unsupportive) 0 1 2 3 4 5 (Extremely Supportive)

To what degree do you feel support and encouragement from your partner?
(Extremely Unsupportive) 0 1 2 3 4 5 (Extremely Supportive)

To what degree do you feel trust in your partner?
(Extremely Untrusting) 0 1 2 3 4 5 (Extremely Trusting)

Rate how open you are in expressing your innermost wants, thoughts, desires, and feelings to your spouse / partner? (Totally Closed) 0 1 2 3 4 5 (Totally Open)

To what degree do the two of you share a similar basic worldview / set of values?
(Extremely Dissimilar) 0 1 2 3 4 5 (Extremely Similar)

How enjoyable is your sexual relationship?
(extremely unpleasant) 1 2 3 4 5 (extremely pleasant)

How satisfied are you with the frequency of your sexual activities?
(extremely unsatisfied) 1 2 3 4 5 (extremely satisfied)

How important do you value physical intimacy and sex in your relationship?
(extremely unimportant) 1 2 3 4 5 (extremely important)

Do you feel that either you or your partner has withdrawn from the relationship?
Yes No If yes, who? Me Partner Both of us

To your knowledge, have you or your partner ever emotionally or physically cheated on one another?
Yes No If yes, who? Me Partner Both of us
If yes, is it still ongoing? Yes No

What are your biggest **strengths** as a couple? _____

What qualities do you enjoy most about your partner? _____

What is at least one thing your partner does very well and would love for them to keep doing? _____

What is at least one thing you could personally do to improve the relationship regardless of what your partner does? _____

How would you describe your roles in the relationship (include any cultural, gender, and tradition context or difficulties): _____

Please describe any significant or stressful life events, outside of your relationship with partner, that you have been experiencing (include how stress is manifesting, if applicable): _____