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COUPLE'S QUESTIONNAIRE

(one to be filled out by each person)

Name: _____

1. How long have you know each other? Are you engaged/married, and for how long?
2. Have you been married before? How many times and what happened?
3. How did you meet, and what was happening in your life at the time?
4. What initially attracted you to your partner and what were your hopes/dreams?
5. Do you have any children from this relationship or previous ones? What is your relationship with them like?
6. What kind of model for relationship did you get from your parents? What issues did they have?

7. How is your sex life? (frequency, difference in desire level, styles, etc.)
8. How do you deal with money and what issues do you have?
9. Are there any issues around religion or church attendance?
10. How are “in-laws” dealt with? Any issues here?
12. Why are you coming for counseling? What are the issues, as you see them? When did they start?
13. What is your part in this?
14. What is your spouse’s part?
15. What are your strength’s that would help resolve these?
16. What challenges might hinder your progress?
17. Do you have any secrets from your spouse? Would you be willing to tell me what they are? I will not divulge them.

18. Did you have any traumatic experiences in your life and what were they? Have you had any treatment for them?

19. Any substance use/abuse, or other addictive type of issues, past or present?

20. Are you willing to have a good relationship and for things to work out with your spouse? Are you willing to work at this?