David A. Silvers MS, LMHC, CSAT, CMAT

National Board Certified Counselor

Emerald Coast Collaborative Solutions

151 Mary Esther Blvd. #507

Mary Esther, FL 32569

## **COUPLES QUESTIONAIRE**

1. What is the problem that led you to seek therapy? Are you here because your partner thought it would be a good idea?
2. How long have you and your partner been together? In what form? (i.e. dating, living together, married)
3. What were the qualities that initially attracted you to your partner? What was the very beginning of your relationship like?
4. What do you currently like about your relationship? What would you like to change?

5. What do you currently dislike most about your partner? What would you like to change?
6. How often do you argue? What do you most often argue about?
7. How did your recent argument start? How did it end?
8. When you argue, what role do you each take (e.g. protesting/yelling, withdrawing/leaving the house)? How long do you typically stay angry at each other?
9. Who is the first to attempt to make things better?

10. Can you ask your partner when you need closeness and comfort? Rate your level of difficulty (1 extremely easy 10 extremely difficult).
11. Do you currently feel safe and secure in your relationship? Have you felt safe and secure in the past?
12. Can you think of bonding moments in your relationship when one of you reaches out and the other responds in a way that makes you both feel emotionally connected and secure with each other?
13. Who initiates sex most often?
14. If you are not having sex, when and how did it stop?

Name two specific things that would make you feel safer and more secure in your present ationship.	