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**Couples/Relationship Detailed Questionnaire**

All of the questions listed here are optional, but we encourage you to answer as much as you can to get you thinking in more detail about your life and to save us time in session. I suggest you spend some time working on this. It may take 30-90 minutes or more depending on how much effort and thought you put into it. Some of these topics may or may not come up in our work together. The more you complete, the more we can understand you as a whole and complete person and the factors that may be contributing to your relationship challenges, even if the question doesn't seem relevant at this time. Remember, this and anything we discuss are strictly confidential.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe yourself as a person?

What are your top 3 strengths? What are your top 3 perceived weaknesses?

Who or what is the best support for you in your life right now?

What is your definition of a life well lived?

What do you enjoy spending your time doing?

How much time do you spend outside? What do you do outside?

**Present Situation**

What made you decide to seek counseling/therapy?

How long has this been going on?

What have you done to address this in the past? Especially what has helped in the past?

What would you like to experience in life that is different from what you are experiencing now?

Please describe any alcohol or other drug use past or present. How much? How often?

Are you taking any prescription or over the counter medications? Please list.

Do you or have you had thoughts of hurting or killing yourself or someone else? If so, please describe.

At the end of our time together, when you look back and say “I'm glad I did this,” how will you know we were successful?

**Past History**

Please describe any trauma, abuse, or major loss you may have experienced. This could be any deeply distressing or disturbing event where your system feels a state of shock, overwhelm, numbing, etc. It can be relational involving another person including emotional harm or neglect or physical (such as a car or bike accident).

Please list any diseases, illnesses, important accidents and injuries, surgeries, hospitalizations, periods of loss of consciousness, convulsions/seizures, and any other medical conditions.

If you have been in therapy before, who did you see? What did they do that was helpful/not helpful?

**Relationship Questions**

How long have you been with your current partner? Why did you first get together?

When it was good, what was good?

What is going well in your relationship now?

In your opinion, what is the main problem in your relationship currently?

What would you like to be different in your relationship for you to be more satisfied?

How do you/don’t you experience love and affection in your relationship?

How would you describe the level of trust you have in your partner?

What does it mean to you to offer forgiveness? How easy/often do you forgive people?

How would you describe your sex life?

Please list any significant past relationships and one word to describe them. How/why did it end?

What similarities do you see in your experience of previous relationships when compared to this one?

How would you describe your relationships with your friends?

How would you describe your relationships with your children? How would you describe your partner’s relationship with your children? (if applicable)

How comfortable do you feel speaking honestly and openly with your partner?

How would you describe your relationship with your emotions?

What is your relationship with the unknown? And/or what is your relationship with religion/spirituality?

How authentic do you feel in your relationship? What contributes to this?

How vulnerable do you feel in your relationship? What contributes to this?

What is your relationship with conflict?

Intimacy – Please rate on each scale how intimate you would like the relationship to be ideally (I) and the rating of how you think the relationship is currently (C).

Sexual Intimacy 0|---------------------------------------------------------------------------------------------| 100
Emotional Intimacy 0|---------------------------------------------------------------------------------------------| 100
Social Intimacy 0|---------------------------------------------------------------------------------------------| 100
Intellectual Intimacy 0|---------------------------------------------------------------------------------------------| 100

**Family Systems Information**

Where were you born?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where is “home?”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic/Cultural Identity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is one word that describes your childhood? \_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is she happy? Y/N

Father's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is he happy? Y/N

Are your parents still married? Y/N If not, when did they divorce? \_\_\_\_\_\_\_\_ How old were you at the time?\_\_\_\_\_

Siblings: Please list your siblings from oldest to youngest. Be sure to include yourself and circle yourself.

#1 M F Name\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_ Are you close? Y/N One word that describes this person? \_\_\_\_\_\_\_\_\_\_\_
#2 M F Name\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_ Are you close? Y/N One word that describes this person? \_\_\_\_\_\_\_\_\_\_\_
#3 M F Name\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_ Are you close? Y/N One word that describes this person? \_\_\_\_\_\_\_\_\_\_\_
#4 M F Name\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_ Are you close? Y/N One word that describes this person? \_\_\_\_\_\_\_\_\_\_\_
#5 M F Name\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_ Are you close? Y/N One word that describes this person? \_\_\_\_\_\_\_\_\_\_\_
#6 M F Name\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_ Are you close? Y/N One word that describes this person? \_\_\_\_\_\_\_\_\_\_\_

Briefly describe your relationship with your mother (or who you consider to be your mother).

Briefly describe your relationship with your father (or who you consider to be your father).

How was your parent's relationship with each other?

Describe the atmosphere growing up in your childhood home. Especially around affection, emotions, conflict, parents relationship, etc.

Please describe any family history of alcoholism, domestic abuse, drug abuse, or mental health issues.

**Life Timeline**

Create a timeline of major life events.  List anything that feels big or significant to you (or might to someone else).  Some suggestions would be accomplishments, gains, losses, accidents, loves, celebrations, big decisions, changes, traumas, etc...  No need to go into much detail right now.  Just age and event.

A. Most people have disagreements in their relationships. *Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item based on the following scale:*
 5 = Always agree 4 = Almost always agree 3 = Occasionally disagree 2 = Frequently disagree
1 = Almost always disagree 0 = Always disagree

1. Handling family finances 5 4 3 2 1 0

2. Matters of recreation 5 4 3 2 1 0

3. Religious matters 5 4 3 2 1 0

4. Demonstrations of affection 5 4 3 2 1 0

5. Friends 5 4 3 2 1 0

6. Sex relations 5 4 3 2 1 0

7. Conventionality

 (correct or proper behavior) 5 4 3 2 1 0
8. Philosophy of life 5 4 3 2 1 0
9. Ways of dealing with parents or in-laws 5 4 3 2 1 0
10. Aims, goals, and things believed important 5 4 3 2 1 0
11. Amount of time spent together 5 4 3 2 1 0
12. Making major decisions 5 4 3 2 1 0
13. Household tasks 5 4 3 2 1 0
14. Leisure time interest and activities 5 4 3 2 1 0
15. Career decisions 5 4 3 2 1 0

B. *Please answer questions 16-22 by circling the number that best describes you*

0 = All the time, 1 = Most of the time, 2 = More often than not, 3 = Occasionally, 4 = Rarely, 5 = Never

16. How often do you discuss or have you

 considered divorce, separation or
 terminating your relationship? 5 4 3 2 1 0

17. How often do you or your partner

 leave the house after a fight? 5 4 3 2 1 0

18. In general, how often do you think that

 things between you and your partner
 are going well? 5 4 3 2 1 0

19. Do you confide in your mate? 5 4 3 2 1 0

20. Do you ever regret that you married

 (or lived together or going together)? 5 4 3 2 1 0

21. How often do you and your partner quarrel? 5 4 3 2 1 0

22. How often do you and your partner

 "get on each other's nerves?" 5 4 3 2 1 0

### C. *Please circle your answer the following questions*

23. How often do you kiss your partner?
0 = Never 1 = Rarely 2 = Occasionally 3 = Almost Every Day 4 = Every Day

23b. How often do you touch, hug, or snuggle with your partner?
0 = Never 1 = Rarely 2 = Occasionally 3 = Almost Every Day 4 = Every Day

24. Do you and your partner engage in outside activities together?
 0 = None 1 = Very few 2 = Some of them 3 = Most of them 4 = All of them

D. *How often would you say the following events occur between you and your partner?*

0 = Never 1 = Less than once a month 2 = Once or twice a month 3 = Once or twice a week
4 = Once a day 5 = More often

25. Have a stimulating exchange of ideas 5 4 3 2 1 0

26. Laugh together 5 4 3 2 1 0

27. Calmly discuss something 5 4 3 2 1 0

28. Work together on a project 5 4 3 2 1 0

29. Please circle the number that best describes the degree of happiness, all things considered, of your relationship. The middle point, “happy,” represents the degree of happiness of most relationships.

 0 1 2 3 4 5 6
Extremely Fairly A little Happy Very Extremely Perfect

30. Which of the following statements best describes how you feel about the future of your relationship?
5 I want desperately for my relationship to succeed, and *would go to almost any length to see that it does*.
4 I want very much for my relationship to succeed, and *will do all I can* to see that it does.
3 I want very much for my relationship to succeed, and *will do my fair share* to see that it does.
2 It would be nice if my relationship succeeded, *but I can't do much more than I am doing* now to help it succeed.
1 It would be nice if it succeeded, but *I refuse to do any more than I am doing* now to keep the relationship going.
0 My relationship can never succeed, and *there is no more that I can do* to keep the relationship going.

**Topics Checklist**
Please circle any of the below topics that have been present in your life at some point.
Please put a star \* next to any of the below topics which you may wish to address in our work together.

Abortion

Addictions - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aggressive Behaviors

Anger Issues

Alcohol Use

Anxiety/panic attacks

Attention/Concentration

Birth of a Child

Body Image/Satisfaction

Career Problems

Change in eating habits

Childhood issues (your own)

Communication problems

Compulsive/repetitive behaviors

Concentration Issues

Death of a friend or family member

Decision Making

Depression

Disconnect from Emotions

Disorganized Thoughts

Dissociation

Divorce

Domestic Violence

Drug Use

Eating Concerns – Over/under eating, appetite, vomiting, weight

Emptiness

Failure

Family Issues

Fatigue

Fear of being alone

Fears/phobias

Financial Problems

Friendships

Gambling Addiction

Goal Setting

Grieving/Mourning

Guilt

Hallucinations (Visual/Audio)

Health, illness, medical concerns – Specify\_\_\_\_\_\_\_\_\_

High Blood Pressure

History of emotional/verbal abuse

History of physical abuse

History of sexual abuse

Homicidal thoughts

Hopelessness

Housework/Chores

Hurting others

Hurting yourself

Immaturity

Impulsiveness

Inability to Express Feelings

Indecisiveness

Interpersonal Conflicts

Irresponsibility

Irritability

Job/Employment Related Difficulties

Judgment Problems

Lack of interest

Lack of Self Confidence

Legal Problems

Loneliness

Loss or Grief

Low Energy

Marital/Relationship Problems – conflict, distance, infidelity

Memory Problems

Menstrual Concerns – PMS

Miscarriage

Mood swings

Mood swings

Motivation (Lack of)

Negativity

Nervousness

Nightmares

Obsessive/intrusive thoughts

Oversensitivity to People or Rejection

Parenting challenges

Perfectionism

Persistent Guilt

Personal Care

Personal Growth

Pessimism

Physical or Sexual Assault

Poor Concentration or task completion difficulty

Post Traumatic Stress

Prioritizing

Problems with food

Procrastination

Racing Thoughts

Relationship problems

Self Actualization

Self esteem issues

Self Harm (Cutting, Hair Pulling, Skin Picking, etc.)

Self-Centeredness

Self Improvement

Separation/Divorce

Serious Relationship Problem

Sexual Abuse or Rape

Sexual Addiction

Sexual Difficulties

Sexual identity or Gender identity issues

Sexual Orientation

Shyness

Sleep Problems (too much, too little, insomnia, falling asleep, nightmares)

Smoking/Tobacco Use

Social anxiety

Stress/Relaxation

Substance Abuse/Dependency

Substance Abuse/Dependency

Suicidal Thoughts

Surgery

Suspiciousness

Temper Control

Trusting Others

Unexplained memory loss or time loss

Withdrawing/Isolating

Workaholism

Worthlessness

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_