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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	History of emotional/verbal abuse	Physical or Sexual Assault
Addictions - Specify: _____	History of physical abuse	Poor Concentration or task completion difficulty
Aggressive Behaviors	History of sexual abuse	Post Traumatic Stress
Anger Issues	Homicidal thoughts	Prioritizing
Alcohol Use	Hopelessness	Problems with food
Anxiety/panic attacks	Housework/Chores	Procrastination
Attention/Concentration	Hurting others	Racing Thoughts
Birth of a Child	Hurting yourself	Relationship problems
Body Image/Satisfaction	Immaturity	Self Actualization
Career Problems	Impulsiveness	Self esteem issues
Change in eating habits	Inability to Express Feelings	Self Harm (Cutting, Hair Pulling, Skin Picking, etc.)
Childhood issues (your own)	Indecisiveness	Self-Centeredness
Communication problems	Interpersonal Conflicts	Self Improvement
Compulsive/repetitive behaviors	Irresponsibility	Separation/Divorce
Concentration Issues	Irritability	Serious Relationship Problem
Death of a friend or family member	Job/Employment Related Difficulties	Sexual Abuse or Rape
Decision Making	Judgment Problems	Sexual Addiction
Depression	Lack of interest	Sexual Difficulties
Disconnect from Emotions	Lack of Self Confidence	Sexual identity or Gender identity issues
Disorganized Thoughts	Legal Problems	Sexual Orientation
Dissociation	Loneliness	Shyness
Divorce	Loss or Grief	Sleep Problems (too much, too little, insomnia, falling asleep, nightmares)
Domestic Violence	Low Energy	Smoking/Tobacco Use
Drug Use	Marital/Relationship Problems – conflict, distance, infidelity	Social anxiety
Eating Concerns – Over/under eating, appetite, vomiting, weight	Memory Problems	Stress/Relaxation
Emptiness	Menstrual Concerns – PMS	Substance Abuse/Dependency
Failure	Miscarriage	Substance Abuse/Dependency
Family Issues	Mood swings	Suicidal Thoughts
Fatigue	Mood swings	Surgery
Fear of being alone	Motivation (Lack of)	Suspiciousness
Fears/phobias	Negativity	Temper Control
Financial Problems	Nervousness	Trusting Others
Friendships	Nightmares	Unexplained memory loss or time loss
Gambling Addiction	Obsessive/intrusive thoughts	Withdrawing/Isolating
Goal Setting	Oversensitivity to People or Rejection	Workaholism
Grieving/Mourning	Parenting challenges	Worthlessness
Guilt	Perfectionism	Other: _____
Hallucinations (Visual/Audio)	Persistent Guilt	
Health, illness, medical concerns – Specify _____	Personal Care	
High Blood Pressure	Personal Growth	
	Pessimism	