

COUPLES QUESTIONNAIRE

Name: _____

Date: _____

1. What would you like to change most about yourself? _____

2. How could you achieve this? _____

3. What would you like to change most about your partner? _____

4. What could your partner do about 3? _____

5. What could you do about 3? _____

6. What pleases you most about your partner? _____

7. What was the best thing you did together in the last month? _____

8. What was the hardest thing you did together in the last month? _____

9. What is the best thing about your marriage? _____

10. What is the worst thing about your marriage? _____

11. What could be done about 10? _____

12. What is the best thing about your sex life? _____

13. What is the most difficult thing about your sex life? _____

14. How can your partner help change 13? _____

15. How can you help change 13? _____

16. What is your desire to stay in the relationship and improve it?

1 2 3 4 5 6 7 8 9 10

←----- no desire

strong commitment ----->

Why do you rate is this way? _____

17. List four things you enjoy socially? _____

18. List four things you find difficult socially? _____

19. List four things you enjoy around the house? _____

20. List four things you find difficult around the house? _____

21. Would you like your partner to read this? _____

22. Yes/No _____

23. Anything else? _____
