



SPRING TO AUTUMN
FAMILY COUNSELING, INC.

COUPLES QUESTIONNAIRE

Name of person filling in this form
Name of you partner
What is your current relationship status? Mark an X when appropriate
Married _____ Divorced _____ Co-habiting _____ Separated _____
Dating _____ Living Apart _____ Engaged _____ Common Law _____
I Don't Know _____ Other _____
Main reason for seeking couples counseling
How long has this issue been happening?
What are you hoping to get out of couples therapy?
Have you been to counseling prior to this? What things have you tried?
What is your biggest strength as a couple? Please also list your individual and your partners strengths.
Do either you or your partner use alcohol or drugs to get intoxicated? If so, explain more please.
Do either of you have a history of trauma in your childhood?

