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To be completed by each partner

Name: _____

1. What is the problem that led you to come to therapy? _____

2. How long have you been with your partner? _____ Married Divorced Dating Separated

3. What was the very beginning of your relationship like? _____

4. What was your first disillusionment about the relationship? _____

5. How are the two of you similar, different? _____

6. Are there certain conflicts that seem to arise again and again? Yes No Are they resolved? Yes No

If so about what? _____

7. What do you do where there is a conflict? _____

What does your partner do? _____

8. Do you spend time alone? Yes No What do you do? _____

9. Do you have friendships with people that your partner does not approve of? Yes No

10. Does this create conflict for you two? Yes No How? _____

11. On a scale of 1-10 how comfortable are you with expressing your innermost thoughts and desires to your partner? _____

12. Do you feel like your partner listens to you? Yes No

12. Do you get support and encouragement from your partner? Yes No If so how? _____

Couples Questionnaire

14. Do you and your partner have different parenting styles? Yes No

15. Does this cause conflict between the two of you. Yes No

13. Use 3 words to describe your sexual relationship. _____

14. What do you find most satisfying about it? _____

15. What do you find least satisfying about it? _____

16. What is one thing you would like to see different about your sexual relationship? _____

17. Do you have common goals, projects, activities (church, travel)? _____

18. What are your strengths as a couple? _____

19. What are your weaknesses as a couple? _____

18. If you could wake up tomorrow and something would be different about your relationship, what would it be? _____