

# COUPLES THERAPY QUESTIONNAIRE

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**Please complete this questionnaire without input from your spouse/partner.  
Each partner should complete his/her own questionnaire.**

Name: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

Status (circle one): Engaged    Married    Separated    Divorced    Live Together

Other \_\_\_\_\_

How long have you been in this relationship? \_\_\_\_\_

If you are married, how long did you date before marriage? \_\_\_\_\_

Did you live together before marriage? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

List previous marriages and long-term relationships:

Approximate Dates	Status (e.g., divorced, friends)	Children (name/age)
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_____	_____	_____
_____	_____	_____

Do you and your current partner/spouse have children? \_\_\_\_\_ If yes, please list names/ages:

\_\_\_\_\_

What concerns or problems bring you here? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you sought therapy or other assistance with these problems before? \_\_\_\_\_

If yes, when and with whom? \_\_\_\_\_

What has been helpful in the past? \_\_\_\_\_

\_\_\_\_\_

What has NOT been helpful? \_\_\_\_\_

\_\_\_\_\_

What kind of help are you seeking now? \_\_\_\_\_

\_\_\_\_\_

**On a separate sheet of paper, please write a few paragraphs about your relationship, answering as many of the following questions as you can:**

History of Relationship:

- How did you meet your partner?
- What first attracted you to him/her?
- How would you describe the history of your relationship leading up to the present?

Values & Interests:

- What important beliefs, values, interests do you have in common with your partner?
- What important beliefs, values, interests do you not share?
- What was your early vision for the relationship?
- Has that vision changed significantly? If so, in what ways?

Admirations and Challenges:

- What traits do you admire or appreciate in your partner?
- What traits does he/she have that are more challenging for you?
- What traits does your partner admire in you?
- Which of your traits are challenging to him/her?

Intimacy and Sexual Relationship:

- Do you have a satisfying sexually intimate life?
- If no, is this a change? If it is a change, when did you first notice the change?
- Have possible medical problems been addressed?
- Do you share intimate communications with your partner of a non-sexual nature?

Money & Finances:

- Do you and your partner generally agree or disagree about money issues?
- If you have significant areas of disagreement, how do conflicts usually get resolved?

Domestic Violence:

- Have there been any incidents of physical violence or threats of violence?

Alcohol & Substance Use:

- Do you or your partner have difficulties with alcohol or substance abuse or dependence?

**Identify at least three areas or behaviors that you personally could change to make your relationship more satisfying:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**FAMILY-OF-ORIGIN:** Using a word or short phrase, how would you describe the home in which you were reared? (e.g., “chaotic”; “loving”; “unsafe”) \_\_\_\_\_

How would you describe the socio-economic status of your family of origin (e.g., “middle class”, “affluent”)? \_\_\_\_\_

What is the status of your parents’ marriage (e.g., divorced, one parent deceased)? \_\_\_\_\_

\_\_\_\_\_

If parent(s) or sibling(s) have died, please list the relationship, date, cause, and age at death.

\_\_\_\_\_

If your parents divorced, how old were you when that occurred? \_\_\_\_\_

Did either parent remarry? \_\_\_\_\_ If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Please provide the following information on your siblings:

Name	Age	Education	Occupation	Marital Status	# of Children
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As you think about your family-of-origin, what character strengths might you have gained from growing up in that environment? Similarly, are there particular weaknesses that you may have as a result of your family experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there any physical or sexual abuse in your family-of-origin? \_\_\_\_\_ If yes, were you directly involved or impacted? \_\_\_\_\_

Please describe your family's religious history. \_\_\_\_\_

\_\_\_\_\_

Please list any major family events or "family secrets" that might be important. \_\_\_\_\_

\_\_\_\_\_

**If you were adopted, please answer the following questions:**

How old were you when you were placed? \_\_\_\_\_

What do you know about your biological (birth) parents? \_\_\_\_\_

\_\_\_\_\_

How did you learn you were adopted? \_\_\_\_\_