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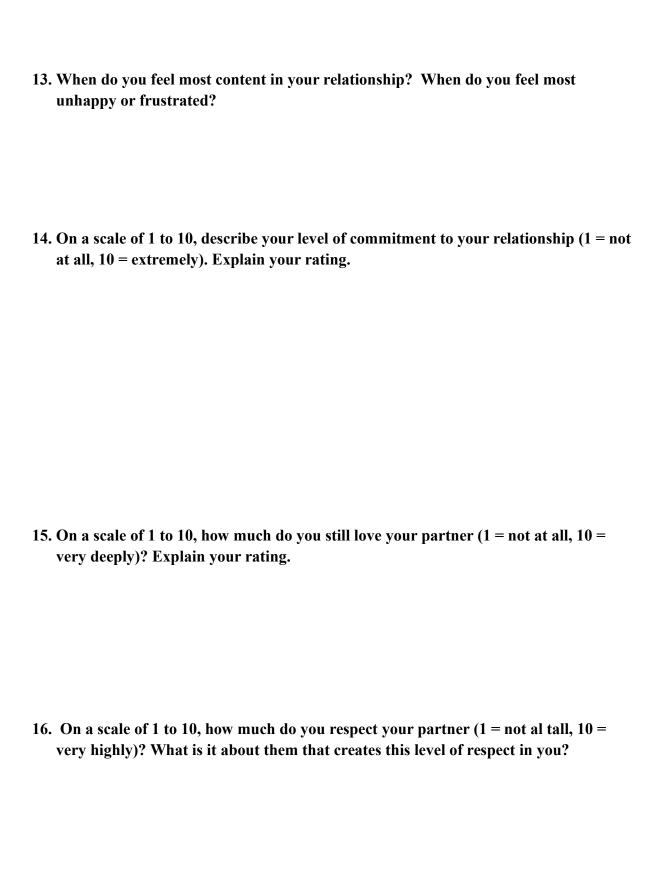
Full Name:		
Со	uples Intake Questionnaire	
1. What is the problem th	nat led you to decide to come to couples therapy?	
2. How long have you and living together, married	d your partner been together? In what form (e.g.,	, dating,
3. What initially attracted	d you to your partner?	
4. What was the beginnin	ng of your relationship like and how long did this	phase last?

5.	How long has it been since things were good between the two of you? What caused things to go downhill after that?
6.	How are the two of you similar and how are you different?
7.	What do you do when there is conflict between the two of you? What does your partner do?
8.	What strengths and weaknesses do you have in resolving conflict? What would you say are your partner's strengths and weaknesses in resolving conflict?
9.	On a scale of 1 to 10, how open are you in expressing your innermost feelings, desires and thoughts to your partner (1 = totally closed and 10 = totally open)?

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10.	What is the area of topic that it is most difficult for you to open with your partner about? Why?
11	When you could use grown out on an account from your months or do you got 49
11.	When you could use support or encouragement from your partner, do you get it? How? When your partner wants support or encouragement from you do you feel that you give it? How?
12.	Describe your sexual relationship. What do you find most satisfying about it? What don't you like about it? How has your sexual relationship changed since you were first together?



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17. What role have you played in contributing to the problems in your relationship; what tendencies do you have and what actions have you taken that have helped create or have added to the difficulties between you two?