Cindy Ricardo, LMHC, CIRT
9900 W. Sample Rd. #300
Coral Springs, Fl. 33065
954-793-6442
acaringcounselor.com

COUPLES QUESTIONNAIRE

Name_____Age_____

Relationship Status_____ Years together_____

Please answer each question as completely an accurately as possible. Your information will help me learn about your relationship and help me plan your treatment. If you are faxing it, my confidential fax is 954-793-6442. If you are emailing it, send it to: acaringcounselor@gmail.com

1. What are the things you like most about your relationship?

2. What do you like most about your partner?

3. What are the things you most want to change?

4. How often do you argue? What do you most often argue about?

Cindy Ricardo, LMHC, CIRT
9900 W. Sample Rd. #300
Coral Springs, Fl. 33065
954-793-6442
acaringcounselor.com

5. Describe in detail your most recent argument. How did it start? How did it end?

6. When you argue, does someone end up leaving? Who? How long before they come back? How long do you stay angry at each other?

7. Who is the first to attempt to make things better?

8. Do your arguments get physical? Verbally abusive? Please detail.

9. Who initiates sex most often?

10. If you are not having sex, when and how did it stop?

11. Do you use sex to repair the relationship? How?

Cindy Ricardo, LMHC, CIRT
9900 W. Sample Rd. #300
Coral Springs, Fl. 33065
954-793-6442
acaringcounselor.com

12. Is sex a painful topic in your relationship? Why?

13. Do you feel safe and secure with your partner? Now? In the past? Please detail.

14. In your present relationship, can you ask your partner when you need closeness and comfort? Please detail. Can you rate your level of difficulty (1 extremely easy -–– 10 extremely difficult).

15. Can you think of bonding moments in your relationship when one of you reaches out and the other responds in a way that makes you both feel emotionally connected and secure with each other? Please detail.

16. What messages about love/marriage did you get from your parents? Your community?

17. Before your present relationship, did you experience a safe, loving relationship with someone you trusted, felt close to and could turn to if needed? Who? Please detail.

18. Are there significant times in your present relationship that you felt your partner was not there for you? Please detail.

Cindy Ricardo, LMHC, CIRT
9900 W. Sample Rd. #300
Coral Springs, Fl. 33065
954-793-6442
acaringcounselor.com

19. If it is hard for you to turn to and trust others, to let them close when you really need them, what do you do when life gets too big to handle or when you feel alone?

20. Name two specific things that would make you feel safer and more secure in your present relationship.

Anything else about your relationship you wish to share?

Client signature_____ Date_____

Cindy Ricardo, LMHC, CIRT
9900 W. Sample Rd. #300
Coral Springs, Fl. 33065
954-793-6442
acaringcounselor.com