



OAK CREEK RELATIONAL COUNSELING CENTER
COUPLES INTAKE QUESTIONNAIRE

Please answer the following questions the best you can

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

What do you feel are the biggest problems in your Marriage?

When do you feel the problems
started? _____

What are some things about your partner that gets on your nerves?

Do You Trust your partner? If no, then
why? _____



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Do you feel safe at home with your partner? If no why? _____

Do you feel accepted by your partner? If no, then why?

Are you sexually satisfied? If not, what could make it better?

Why did you decide to come to couples counseling?

What do you think you can do to make the marriage better?

Where do you see your relationship in "X" Years?

1 YEAR

5 YEARS

Do you feel loved and appreciated by your partner? Why or why not?



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What do you love most about your partner?

What are your expectations of counseling?

What are the reasons you want to work things out?

Are there any past conflicts that need resolving?

Are you willing to change to make improvements?

Your Name:

Signature:

Date: _____