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For Couples: Each of you should fill this out. Feel free to compare them.

Name _____ Date _____

Please describe the concerns about your relationship?

When did this concern start? How?

What else was occurring as this concern started?

Do you notice and can you describe, any patterns that you and your partner repeatedly get into which are distressful?

What is/are your goals for counselling?

How will your relationship be different at the end of counselling?

How will you be acting differently with your partner?

How will you be feeling differently towards your partner?

What new patterns will be occurring between you?

What changes can you make that will help change your patterns?

Under what circumstances would be willing to make these changes?

What are the stressors which are/might have contributed to your concern starting or continuing?

How vulnerable do you feel with your partner?

Not at all 1 2 3 4 5 6 7 8 9 10 Very

How respected by your partner do you feel?

Not at all 1 2 3 4 5 6 7 8 9 10 Very

How well do you feel your partner understands what you are really feeling?

Not at all 1 2 3 4 5 6 7 8 9 10 Very

How well do you feel you really understand what your partner is feeling?

Not at all 1 2 3 4 5 6 7 8 9 10 Very

How much do you feel you can share with your partner about your thoughts or feelings?

Nothing 1 2 3 4 5 6 7 8 9 10 Everything

How is your sexual relationship?

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

How are you functioning in terms of finances as a couple?

Poor 1 2 3 4 5 6 7 8 9 10 Excellent