



Recovery Counseling Center, LLC

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COUPLES QUESTIONNAIRE

Please answer each question briefly to the best of your ability.

Date: _____

Your Name: _____

Spouse's Name: _____

Length known each other: _____ **Length as a couple:** _____

Age _____

Race _____

Religion _____

Number of children together (ages) _____ **separately (ages):** _____

Last time you went to therapy together: _____

Which issues are present? (check all that apply)

- | | |
|----------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Fights | <input type="checkbox"/> Suspected infidelity <u>oHim/oHer</u> |
| <input type="checkbox"/> Miscommunications | <input type="checkbox"/> Emotional infidelity <u>oHim/oHer</u> |
| <input type="checkbox"/> Financial issues | <input type="checkbox"/> Physical abuse <u>oHim/oHer</u> |
| <input type="checkbox"/> Trust issues | <input type="checkbox"/> Sexual abuse <u>oHim/oHer</u> |
| <input type="checkbox"/> Disrespect | <input type="checkbox"/> Emotional abuse <u>oHim/oHer</u> |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Children issues |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Emotional unavailability |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Sexual issues <u>oHim/oHer</u> |
| <input type="checkbox"/> Addictions _____ | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Domestic violence <u>oHim/oHer</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Confirmed infidelity <u>oHim/oHer</u> | |

What I am seeking in therapy:

- Relationship repair
- Relationship termination
- Undecided

How long do you anticipate being in therapy? _____

Briefly summarize the issues including: your part and his/her part:

Signature _____ **Date** _____