



Recovery Counseling Center, LLC
 7211 Park Heights Avenue, Suite 4
 Baltimore, Maryland 21208 443-681-9150
 Fax: 1-877-715-7229 Email: office@rccbaltimore.com

COUPLES SATISFACTION CHECKLIST

Name: _____ Date _____

Circle the number that best describes how satisfied you feel:	Very Dissatisfied			Average Satisfaction				Very Satisfied			✓ Check 3 Areas You Most Want to Change
	1	2	3	4	5	6	7	8	9	10	
1. Degree of Closeness, Confiding, Sharing and Comforting	1	2	3	4	5	6	7	8	9	10	
2. Expression of Affection and Care	1	2	3	4	5	6	7	8	9	10	
3. Handling of Finances	1	2	3	4	5	6	7	8	9	10	
4. Handling Conflicts and Arguments	1	2	3	4	5	6	7	8	9	10	
5. A) My expression of Anger, Criticism, or Blame	1	2	3	4	5	6	7	8	9	10	
B) My Spouse's expression of Anger, Criticism or Blame	1	2	3	4	5	6	7	8	9	10	
6. Satisfaction with Intimacy	1	2	3	4	5	6	7	8	9	10	
7. Handling of Parenting Issues	1	2	3	4	5	6	7	8	9	10	
8. Handling of Household Tasks	1	2	3	4	5	6	7	8	9	10	
9. Common Interests and Social Life	1	2	3	4	5	6	7	8	9	10	
10. Degree of Respect and Admiration for your Partner	1	2	3	4	5	6	7	8	9	10	
11. Satisfaction with your Role in the Relationship	1	2	3	4	5	6	7	8	9	10	
12. Satisfaction with your Partner's Role in the Relationship	1	2	3	4	5	6	7	8	9	10	
13. Spirituality	1	2	3	4	5	6	7	8	9	10	