



4. Do you have any medical conditions that impact your family life and/or relationship?
  
5. Have you ever gone to counseling or therapy before? If so why, and was it helpful? Have you ever been hospitalized for mental health issues? If so why, and when? Are you taking any medications for depression or anxiety? If so, what?
  
6. Who do you depend on the most for support? In addition to family are there friends you talk to on a regular basis?
  
7. How do you nurture and take care of yourself?
  
8. Are there traumatic events in your past I should know about?

9. How would you describe your personality? What are your personal strengths and weaknesses?

10. Do you have a religious affiliation or spiritual life that is important to you?

Part Two: Relationship history

1. Tell me about any important relationships before you met your current partner. What attracted you? What were the best parts? What were the biggest problems? How long did they last? Why did they end?

2. How did you meet your current partner? What attracted you to him/her at first?

3. Tell me about your dating experience. What were the best parts? When did you decide to get engaged and/or move in together? How were these decisions made?

4. If you have children please tell me their names and ages. Are they from this relationship or an earlier one? Do you have any concerns about your children/are there any special issues that may impact your relationship?

5. When did you first experience unhappiness or difficulties in the relationship? How did you handle it at the time?

6. How do the two of you make decisions?

7. Are there particular issues that seem to come up repeatedly?

8. What happens when you and your partner disagree? What happens when you fight or argue? Who usually wins the day?

9. Tell me what I should know about your sex life?

10. How do the two of you have fun together?

11. Do you have any rituals as a couple that you really value?

12. When you have had difficulties in the past what has helped the most?

13. Do you have any concerns about addictive behaviors (alcohol, recreational drugs, prescription drugs, smoking, gambling, etc.)

14. Have either of you ever been physically violent with the other? If so what happened? How often has this occurred?

15. Have there been any major betrayals in the relationship (affair(s), financial deceit, violence, etc.)

16. What do you see as your relationship's greatest strengths, and greatest weaknesses?

17. Please describe for me how you would like to see the relationship change? What is your most important goal for the relationship therapy?

18. Feel free to tell me anything else you think I need to know.