



Couples Center of the Pioneer Valley

MODERN THERAPY, REAL RESULTS

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Diagnostic Questionnaire for Couples

1. What is the problem that led you to come to therapy?
2. How long have you been together? (married, dating, living together)
3. What initially attracted you to each other? How did you decide to get married or live together?
4. What do you find most fulfilling about your relationship?
5. What was the very beginning of your relationship like? How long did this phase last?
6. What was your first disillusionment? What happened and how did you resolve it?
7. When do you feel least fulfilled in your relationship?
8. In what significant ways are the two of you similar? Different? What methods have you worked out to accommodate or compromise on your differences?
9. Do you spend time in activities away from your partner? If so, how often? Do you spend time alone with people who are not mutual friends? Does this create conflict in your relationship?
10. How comfortable are you doing activities away from your partner? How comfortable are you with your partner doing things away from you?
11. How safe do you feel expressing your innermost thoughts and feelings to your partner? How do you ask for emotional support from your partner when you are feeling vulnerable? Do you expect to get it?
12. Would your partner say that you are emotionally responsive to his/her vulnerability? Explain.
13. Do you take an active, energetic role in nourishing the relationship? Does your partner do the same? How?

14. Do you support your partner's development as an individual? How (give example)? Do you support his/her growth as an individual even when you don't agree? How (give example)?
15. Do you believe that your partner is giving at least 50% to the relationship?
16. Do the two of you have joint commitments to projects, work activities or social causes? If so, what?
17. Do you deliberately decide to create something together in one of these areas?
18. Does this project seem to add or detract from the bond between you?
19. If your relationship were a drama, movie or book, what would it be titled? How would it end?
20. When was the last time you had sex and how was it?
21. Please let me know anything you think it is important for me to know about your sexual relationship, positive or negative. Is this area of your life something you think is important to discuss?
22. What is the worst thing your partner would say you have done in the relationship that has hurt them the most? What would you say is the worst thing your partner has done that has hurt you the most?
23. Are there any concerns you have about alcohol or drug use, yours or your partners? Why/how do you believe this is an issue in your relationship?
24. Are there any concerns you have about untreated mental health issues, yours or your partners? Why/how do you believe this is an issue in your relationship?
25. Has there been infidelity in the relationship? Please detail and describe if so.
26. Has there been any violence between you ever? Please describe.