

Couples Counseling

Name:

Date:

■ What do you like most about your partner?

■ What are some issues you struggle with in your relationship?

■ What are the things that make you feel connected to your partner?

■ How do you solve these issues?

■ How would you describe your relationship?

■ How do you communicate with your partner?

■ What can be improved in your relationship?

■ How do you see your relationship 3 years from now?