

Living Life Counseling

Relationship Assessment

Date: _____

Client Name: _____

1. What is wrong with your relationship?

2. How has this affected you?

3. What has caused the pain and problems in the relationship?

a. How have you contributed to the problem?

b. How do you think your partner has contributed to the problem?

4. What do you specifically want to see happen in and to your relationship? What must change?

5. For these changes to happen, tell me what you will need to do differently.

a. Now tell me what you think your partner must do differently.

b. Are there some things you must do differently together?

6. What do you know about yourself that will make it difficult for you to make the necessary changes?

- a. What do you believe about your partner that will make it difficult for him/her to make the necessary changes?

- b. Is there anything about the two of you together that will make it difficult to make the necessary changes?

7. When will you know "it's time to stop our formal therapy?"
