

Paul Bolle, MS, LMFT
Individual, Couple, & Family Counseling
1210 Pearl Street
Eugene, Oregon 97401
541-972-1305

Couple Information
(each partner to complete separately)

Name _____ Age _____

How long have you been together? _____

Describe how you met. What were your first impressions?

When did you first feel like you were a couple together? Describe what that was like for you.

When did you first notice signs of difficulty? Describe that.

Do conflicts feel like they follow a regular cycle or pattern? If so, describe what happens.

Does conflict ever get resolved, or does it feel like some tension is always there?

When there is conflict, do you blame yourself more or do you blame your partner more?

Do you feel you and your partner will need to change significantly for your relationship to improve? If yes, what do each of you need to do differently?

What activities do you share as a couple? Do you wish you did more together? Or are you okay with more alone time?

If you could change things about your partner, what would they be?

If you could change things about how you are as a partner, what would they be?

Do you engage in activities/have friendships separate from your partner? Are these activities/friendships satisfying for you? Are they a source of tension?

Does your partner engage in activities/have friendships separate from you? Do you support these activities/friendships?

Do you feel you and your partner share similar religious/spiritual beliefs? If not, does it limit your overall compatibility?

How many previous partners have you had? How long did each relationship last? What would you say caused them to break up?

Does your relationship ever feel similar to any of these past relationships? If so, in what way?

Do you feel something is missing for you in this relationship? Describe what that might be.

What are your goals for therapy?

Did you both want to come to therapy? If it was not your idea, how do you feel about this?
