



Couple Checkup

Date _____

Name _____ Sex ____ Age ____ # years w/ spouse/partner _____

Please check the point on each scale which best represents your thoughts and feelings.

___ 1. We are often playful together. We have fun, just the two of us.

Strongly agree _____ Strongly disagree

___ 2. We spend time talking privately with each other several times a week.

Strongly agree _____ Strongly disagree

___ 3. We can talk about almost anything.

Strongly agree _____ Strongly disagree

___ 4. We often give genuine compliments to each other.

Strongly agree _____ Strongly disagree

___ 5. I feel appreciated by my spouse/partner.

Strongly agree _____ Strongly disagree

___ 6. I feel comfortable telling most of my feelings to my spouse/partner.

Strongly agree _____ Strongly disagree

___ 7. I feel understood and respected when my spouse/partner listens to me.

Strongly agree _____ Strongly disagree

___ 8. I am satisfied with the way we spend our time and energy.

Strongly agree _____ Strongly disagree

___ 9. I am satisfied with the way we each handle anger.

Strongly agree _____ Strongly disagree

___ 10. I like the way we make decisions together.

Strongly agree _____ Strongly disagree

___ 11. I believe our relationship is a satisfying one.

Strongly agree _____ Strongly disagree

On 1 – 11 above put an “X” by any item that raises an important concern or dissatisfaction.

Please mark the following areas of your relationship with

+ if they are strengths

- if they are trouble spots.

___ in-laws

___ time alone

___ friends

___ curfew

___ money

___ time watching TV

___ household/family tasks

___ time on telephone

___ physical health/exercise

___ parenting

___ sex

___ religion/church

___ alcohol/drugs

___ communication

_____ + of 14

_____ - of 14