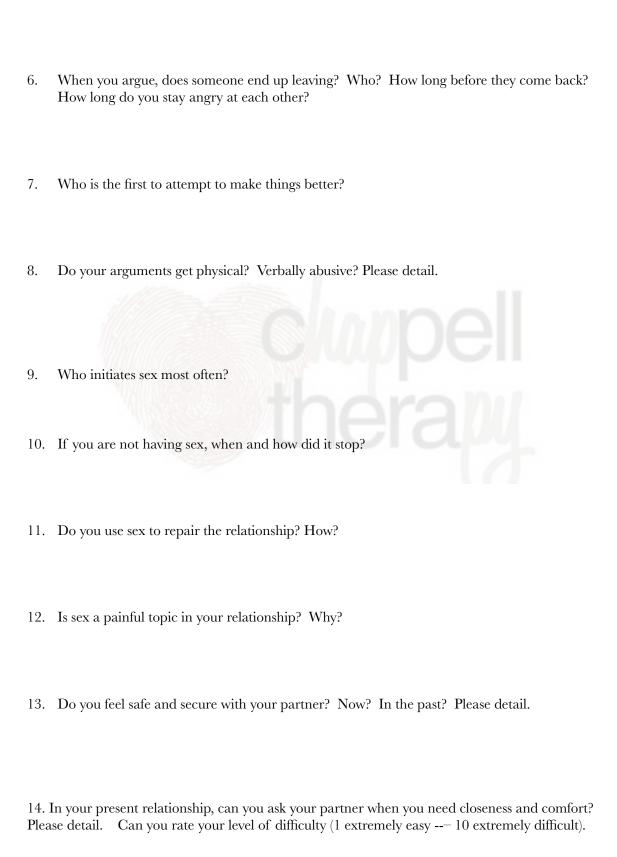


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## **COUPLES QUESTIONNAIRE**

Name Years together		Age
will	ase answer each question as completely an accurately as possible help me learn about your relationship and help me plan you ailing it, send it to: chappelltherapy@gmail.com	
1.	What are the things you like most about your relationship?	
2.	What do you like most about your partner?	
3.	What are the things you most want to change?	
4.	How often do you argue? What do you most often argue about?	
5.	Describe in detail your most recent argument. How did it start?	How did it end?



15. Can you think of bonding moments in your relation other responds in a way that makes you both feel emotion other? Please detail.	•
16. What messages about love/marriage did you get fro	m your parents? Your community?
17. Before your present relationship, did you experience you trusted, felt close to and could turn to if needed? W	
18. Are there significant times in your present relationsh for you. Please detail.	nip that you felt your partner was not there
19. If it is hard for you to turn to and trust others, to let what do you do when life gets too big to handle or when	
20. Name two specific things that would make you feel s relationship.	safer and more secure in your present
Client signature	Date