

Couples Counseling Worksheet

Name	Date
Date of birth	Relationship status
What do you like most about your partner?	
What are the things that make you feel connected to your partner?	
How would you describe your relationship?	
What can be improved in your relationship?	
What are some issues you struggle with in your relationship?	
How do you solve these issues?	
How do you communicate with your partner?	
How do you see your relationship 3 years from now?	