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## Couples Information Form

**Please complete this form as openly and as honestly as possible. Please do not share this information with your partner at this time. We will discuss your answers during your next couples therapy session.**

1.) List three strengths/positive attributes of your partner:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2.) List three negative attributes of your partner:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

3.) List three things you do that contribute positively to your relationship:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4.) List three things your partner does that contribute positively to your relationship:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

5.) List three things you could do that would make your relationship more fulfilling for your partner:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

6.) List three things your partner could do that would make your relationship more fulfilling for you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_