



### 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. Your answers on this form will be shared with your partner during our next joint therapy session.

1.) List five qualities that initially attracted you to your partner:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

2.) List five positive attributes of your partner:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

3.) List five negative attributes of your partner:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

4.) List five things you do (or could do) that would make your relationship more fulfilling for your partner:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

5.) List five things your partner does (or could do) that would make your relationship more fulfilling for you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_