

Name: _____

**Intensive Couple Therapy Weekend (ICTW)
First Screening Questionnaire**

Instructions:

- A. Please fill out the questionnaire as honestly as you can
- B. If scaling (number) does not best describe you, feel free to write and clarify
- C. I don't keep any secret between the partners – the questionnaire will be shared

1. Did you want to come to couple therapy/ICTW? Explain

2. What is your goal of doing ICTW?

**3. On a scale of 1 to 10, how would you rate the following:
(10=highest level ... 5=medium level ... 1=lowest level)**

- a. How committed are you in working on this relationship? _____
- b. How safe (physical) do you feel with your partner? _____
- c. How safe (emotional) do you feel with your partner? _____
- d. How strong is this relationship currently? _____

Explain if necessary:

4. Is any of the following an issue for you in the past and/or ongoing? (please check / circle)

	<u>Past</u>	<u>Ongoing</u>	<u>Are you receive professional help</u>
Affair (physical)	_____	_____	Yes / No
Affair (emotional)	_____	_____	Yes / No
Drug addiction	_____	_____	Yes / No
Sex addiction	_____	_____	Yes / No
Alcohol addiction	_____	_____	Yes / No
Physical abuse	_____	_____	Yes / No
Verbal abuse	_____	_____	Yes / No
Emotional abuse	_____	_____	Yes / No
Financial abuse	_____	_____	Yes / No
Mood issues	_____	_____	Yes / No

Explain if necessary: