Couple Therapy Checklist

Name:	Date:		
	YES	MAYBE	NO
Commitment issues for one or two parties	🗆		
Relationship not what it used to be; love, affection go	ne		
Apparent mismatch of personalities (e.g., free spirited	l vs. planner) \Box		
Apparent mismatch of goals, values, interests, sociabi	lity		
Conflict: fighting about specific issues (e.g., parenting,	money, control, sex) \Box		
Conflict: fights about minor incidents flaring up	🗆		
Conflict: disagreeing on issues and difficulty in conflict	resolution		
Conflict: experiencing the partner as unwilling to com	promise		
Conflict: name calling, abuse or violence by one or bo	th partners \ldots		
Communication: one partner wants to talk things ove	r, the other avoids talking . \Box		
Communication: a partner remains quiet to avoid con	flict, partner flares up \dots		
Communication: an angry partner remains silent to pu	unish the other \Box		
Equality: doing all the work and experiencing the part	ner as lazy		
Equality: one partner controls financial resources, brir	nging up children, etc. \ldots		
Intimacy: passion/sexual interest diminished	🗆		
Intimacy: infrequent or no sex life; unequal sexual nee	eds		
Intimacy: lack of warmth, affection			
Aloneness: lack of attention, not feeling special, value	d, respected $\ldots \ldots \Box$		
Feeling like the partners have grown apart, no longer	fulfilling a need $\ldots \ldots$		
Addiction, illness (physical or mental), special needs to	aking a toll		
Dealing with suspected or confirmed infidelity or affai	r		
One or both persons consider leaving the relationship	, separation, divorce		