

Mobile: 07743 401350

sally.cloke@gmail.com

www.sally.cloke.com

Sally Cloke Couples Counselling

Questionnaire (a separate copy should be completed by each partner)

Have you read and agree with the T&C? Yes/No (Please circle to indicate)

Data Protection

Sally Clokes' Data Privacy policy provides information about how personal data is collected, handled and used.

I understand that in completing and submitting this questionnaire, I consent to Sally Cloke holding and processing my personal data in accordance with her stated policies and procedures.

Date: _____

Name: _____

Age: _____

email: _____

Tel: _____

Partner's name: _____

Number of children living with you:

Please answer the following questions (your answers will be treated as confidential by default, although you may choose to share them with your partner if you wish):

1. What time have you spent with your partner in any of the following ways?

(a) Dating _____ (b) Living together _____

(c) Married/As Civil Partners _____

2. What did you initially find attractive about your partner?

3. What was the very beginning of your relationship like?

4. What was your first disillusionment?

5. What have you found most fulfilling about your relationship?

6. In what significant ways are you similar to your partner?

7. In what significant ways are you different from your partner?

8. Do you spend time in activities away from your partner?

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9. How are relationship conflicts handled/resolved?

10. How would you describe the communication in your relationship?

11. How safe do you feel in expressing your innermost thoughts and feelings to your partner?

12. How do you feel about sexual contact with your partner?

13. In what ways do you think you might contribute to your relationship issues?

14. On a scale of 1-10 (10 = highest), how motivated are you to address the above?

15. What would you like to achieve through counselling?

16. What are your expectations as to the likely effectiveness of counselling?

17. What days/times would you be able to attend counselling?

18. Have you ever previously attended either individual or couples counselling?

Please answer 'yes' or 'no' to the following questions:

1. Have you ever been formally diagnosed with a personality disorder (e.g. Borderline)? _____
2. Do you currently have any addictions (e.g. alcohol, pornography, gambling)? _____
3. Are you currently using any recreational drugs (e.g. marijuana, cocaine, heroin)? _____
4. Have you ever instigated an act of physical aggression against your partner? _____
5. Has your partner ever instigated an act of physical aggression against you? _____
6. Have you ever self-harmed? _____
7. Have you ever seriously considered or attempted suicide? _____
8. If you answered 'yes' to any questions in this section, would you feel safe to discuss these topics in counselling with your partner? _____

Please return completed questionnaires via email to: sally.cloke@gmail.com

