

Intake Questionnaire – Couples Therapy

Before you begin

- This questionnaire helps you prepare for the first session and gives me an initial orientation. Completing it is optional.
- Only answer what you wish to share in writing. Any question can be left open and discussed in person instead.
- You can complete the questionnaire on screen or on paper and bring it to your first session. Please do not send it by unencrypted email.
- All information is covered by my professional confidentiality. This questionnaire is not a consent form; information on the treatment framework and data protection is provided separately.
- In an acute crisis, please call 112 immediately. In Sweden you can also call 1177 for healthcare advice around the clock.
- Part A is completed together. Parts B and C are completed by each partner individually.

Part A – Joint information

Name of partner 1

Name of partner 2

Phone

Email

Place of residence and country

Preferred language

☐ English ☐ Swedish ☐ German

Preferred format

☐ at the practice in Stockholm ☐ online ☐ not yet decided

How long have you been a couple?

Do you live together?

☐ yes ☐ no

Marital status (optional)

Children (shared or from previous relationships, with ages)

Whose idea was couples therapy?

☐ both of us ☐ partner 1 ☐ partner 2

What would you like to clarify together in couples therapy?

Have you had couples therapy or counselling together before?

☒ yes ☐ no

If yes: what was helpful, and what less so?

Part B – Partner 1

Each partner completes this part individually. You decide whether to share your answers beforehand or only in the session.

Name

How would you describe the concern from your perspective?

What do you value in your relationship?

What weighs on you most in your relationship?

When things get difficult between you – what typically happens? What do you do, and what does your partner do?

How do you experience closeness and space in your relationship?

Are there hurts or breaches of trust that weigh on the relationship?

How satisfied are you at the moment with intimacy and sexuality in your relationship?

not at all ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 very

Would you like to address sexuality in couples therapy?

☐ yes ☐ no ☐ maybe later

How were conflict and affection handled in your family of origin?

Are there personal pressures (health, work, your own issues) that play a role?

What do you hope for from couples therapy? How would you notice that it helps?

How much hope do you currently have for your relationship?

none ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 a great deal

Do you feel safe in your relationship?

☐ yes ☐ no ☐ I would rather discuss this in an individual session

If you are afraid of your partner or feel controlled, please do not complete this part together – contact me on your own instead. In an emergency, call 112.

Part C – Partner 2

Each partner completes this part individually. You decide whether to share your answers beforehand or only in the session.

Name

How would you describe the concern from your perspective?

What do you value in your relationship?

What weighs on you most in your relationship?

When things get difficult between you – what typically happens? What do you do, and what does your partner do?

How do you experience closeness and space in your relationship?

Are there hurts or breaches of trust that weigh on the relationship?

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Closing

Is there anything else I should know before our first session?

Date