

COUPLES RELATIONSHIP ASSESSMENT FORM

Name: _____

Date: _____

1.	The areas of our relationship that are working well for me are:
2.	The areas of our relationship that are not working well for me are:
3.	I want to improve the following relationship and/or communication skills: <input type="checkbox"/> Balancing work/family/social/etc. <input type="checkbox"/> Learning Caring behaviors that feed the heart <input type="checkbox"/> Understanding/knowing my partner <input type="checkbox"/> Facing challenges <input type="checkbox"/> Sharing Interests & Fun <input type="checkbox"/> Keeping chemistry alive <input type="checkbox"/> Deepening emotional and physical intimacy <input type="checkbox"/> Being a conscious communicator <input type="checkbox"/> Being a conscious listener <input type="checkbox"/> Improving Negotiation/Conflict Resolution <input type="checkbox"/> Releasing hurtful reactions <input type="checkbox"/> Softening my approach <input type="checkbox"/> Using Soothing techniques for myself/partner <input type="checkbox"/> Improving Calming strategies <input type="checkbox"/> Creating rituals of connection <input type="checkbox"/> Expressing differences effectively <input type="checkbox"/> Requesting vs. complaining <input type="checkbox"/> Releasing old patterns, stories, limiting beliefs, and programs <input type="checkbox"/> Using the Law of Attraction in the relationship <input type="checkbox"/> Creating our values, needs, wants, and requirements as individuals/as a couple <input type="checkbox"/> Creating a vision of the relationship together

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	<p>___ Learning to use the relationship as a tool for personal and spiritual growth</p> <p>___ Other(s) _____</p>
4.	The dreams I have for our relationship are:
5.	The dreams I have given up on are:
6.	The way I would describe my source of strength is:
7.	I would describe my spiritual path as:
8.	What I value most about my life is:
9.	What I value most about my partner is:
10.	What I value most about our relationship is:
11.	What I think stops us from having the relationship of our dreams is:

12	The commitment I am ready to make toward accomplishing our goals and dreams is:
13	What I would like to focus on first is:
14	What I would like from you as our Coach is:
15	What I would also like you to know is:
16	What am I uncomfortable sharing/discussing with my partner and why?

Relationship Rating

Score your relationship on a scale of 1-10 with 1 being “poor” and 10 being “great.”

Area of Relationship Concern	Current 1-10 Rating	What would make it a 10?
Emotional Intimacy		
Relationship Priority & Commitment to Growth		
Chemistry/Sex/Intimacy/Affection		
Fun/Shared		

Activities/Leisure		
Friendship		
Communication / Conflict Resolution		
Independence/ Interdependence		
Trust & Integrity		
Reliability		
Supportiveness / Respect / Validation		
Area of Relationship Concern	Current 1-10 Rating	What would make it a 10?
Shared Goals/Vision/ Values		
Home Maintenance/ Housework		
Parenting as a Single Unit		
Schedules		

Extended Family		
Finances: Bill Paying/ Budgeting		
Finances: Saving/ Investing		
Finances: Equality		
Finances: Shared Values, Habits and Goals		
Vacations		
Your job		
Partner's job		
Area of Relationship Concern	Current 1-10 Rating	What would make it a 10?
Your Health & Well-Being		
Partner's Health & Well- Being		
Religion / Spirituality		
Politics		

Community Involvement		
Other		

What are your insights as a result of this assessment?

What are your immediate and long term goals, as a result of these insights?

What I intend to accomplish through coaching is:
