

## 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?

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

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4. What was your first disillusionment?

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

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

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

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

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9. How are relationship conflicts handled/resolved?

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

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

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

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

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

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15. What would you like to achieve through counselling?

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

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

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

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**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](mailto:sally.cloke@gmail.com)

