

# Couple Clinic Weekly Check-in Questions

\* 1. Your name

2. Counselors name

3. I am filling out this Check-in

- Before** my appointment for couple therapy, same day
- 1-2 days before** my appointment
- After** my appointment
- Other (please specify)

4. Answer each question about your relationship THIS WEEK

	Not at all	Rarely	Sometimes	Usually	Almost always	Completely
Emotional Engagement: Do you feel you are emotionally connected, (trusting, open, safe) this week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand: Do you feel you understand and are in tune with each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alliance. Do you feel like you and your partner are working well together toward relationship goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work. Are you putting time and effort into improving your relationship (doing positive/ healthy things for your relationship)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at all	Rarely	Sometimes	Usually	Almost always	Completely
Therapist alliance. How much is your therapist working with you to accomplish your goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you say Couple Counseling is working?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Overall, what is your level of well-being (how you are doing)? **place X where you are today**

0 Couldn't be worse

Couldn't be better 100

Thank you. Bring up your needs and concerns with your clinician. If you have any specific concerns or issues to bring up with the couple clinic director you can email Dr. Ripley at [hopecouples@hopecouples.com](mailto:hopecouples@hopecouples.com) or call 757-352-4296.

