

# SECURE MARRIAGE COUPLES ASSESSMENT

Last Name \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Date \_\_\_\_\_

How long...	Dating _____	Married _____	Kids _____	Problems _____	
Presenting Issue	(Sex, Money, Parenting, Family, Faith, Infidelity, Addiction, Communication, etc...)				
Couples Counseling	Counselor _____		When _____	Good/Bad _____	
Personal Counseling	Prev. Diagnosis ( H W ) _____		When _____	Good/Bad _____	
Open 10 9 8 7 6 -----5----- 4 3 2 1  Defensive  <b>OPENNESS</b> Is their nonverbal Posture, Attitude, and Tone...	Self 10 9 8 7 6 -----5----- 4 3 2 1  Spouse  <b>RESPONSIBILITY</b> Are they focused on the mistakes of...	Tuned-In 10 9 8 7 6 -----5----- 4 3 2 1  Closed Off  <b>EMPATHY</b> Are they emotionally...	Valuable 10 9 8 7 6 -----5----- 4 3 2 1  Flawed  <b>GRACE</b> Do they see their spouse as mostly...	The Marriage 10 9 8 7 6 -----5----- 4 3 2 1  Themselves  <b>ONENESS</b> They're looking out for the best interest of...	Actively 10 9 8 7 6 -----5----- 4 3 2 1  Passively  <b>NEEDS</b> They're seeking to understand their spouse...
Husband Next Step			Wife Next Step		
Referral	Counselor/Coach _____			Phone _____	