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## Quick Assessment Questionnaire for Couples

This questionnaire is only meant to give you a quick way to assess your relationship - and is not meant to be comprehensive. Note when there are differences in your responses and your spouse's.

### Directions:

Please take the following Assessment Questionnaire by yourself and have your spouse or significant "other" also fill it out on his/her own with no sharing between you as to your responses until you both have completely filled out the questionnaire. If you &/or your spouse are alarmed by the results, this means it is time do something to help your relationship!

So, let's dive in to find out what may be missing to having a beautiful, passionate and happy partnership!

***ANSWER 'Y' for YES and 'N' for NO after each of the following 25 questions:***

- 1) Do you share the experiences of your day with your spouse at least three times a week?
- 2) Do you touch one another for more than one minute when you are together?
- 3) When your spouse describes a personal or shared problem (say about work or a personal friend or about your home, finances or children) - do you listen without interruption or judgment until he/she has finished?

- 4) Does your spouse do the same (see #3) for you?
- 5) Do you make eye contact with each other when you talk together?
- 6) Do you laugh together at least once/week?
- 7) Do each of you take full responsibility for your own health and wellbeing?
- 8) Do you feel there is a fairness in the way the responsibilities of shared living are distributed between you & your spouse? (Responsibilities such as the domestic chores, shopping, earning a living, child rearing, etc.)
- 9) Do you feel supported by your spouse in the choices you are making for your own life? (For example, for your career/work/business, hobbies & interests, spiritual beliefs & practices, your own friends & associates with whom you get together.)
- 10) Do you feel respect (for the most part) **for** your spouse?
- 11) Do you feel respected (for the most part) **by** your spouse?
- 12) Do you consider your spouse to be your best friend?
- 13) Do you feel safe expressing to your spouse your needs and wants?
- 14) Do you feel safe expressing to your spouse your feelings?
- 15) When there is a disagreement, do you address the issues at hand with neither of you raising your voice, criticizing or withdrawing - and come to some agreements?
- 16) Do you have shared goals and dreams for your future together?
- 17) Do you have shared friends and loved ones with whom you both enjoy spending time?
- 18) Do you sleep together at least two nights a week?
- 19) Do you cuddle together when you do?

20) Do you have regular romantic times alone, such as a “date night,” a weekend (or more time!) “get away” or an “intimate day in bed”? (Note that regular is subjective. Let’s say at least twice/month.)

21) Do you have sex &/or intimate prolonged sensual touch on a regular basis? (That is, at least twice/month.)

22) Do you enjoy the sex/sensual touch and look forward to the next time?

23) Additional to sex, do you regularly (at least twice/month) share fun &/or relaxing activities together?

24) Do you have a number of shared interests and passions?

25) For the most part, do you feel happy when you are with your spouse?

Thank you for giving this your undivided attention. Your partnership is worth this! Please count up how many “Y”s you marked. If you have less than 20 “Y”s (that is, 19 or less), your primary relationship could use some assistance ... and that is what I have made my life’s mission about!

