



COUPLES THERAPY PRE-CHECK-IN SHEET

Couple/Client Names: _____

Date: _____

Session #: _____

Please complete this check-in before your couples therapy session. Each partner should answer independently when possible. The goal is not to prove who is right or wrong, but to identify concerns, progress, needs, and areas where support would be helpful.

1. HOW ARE YOU FEELING TODAY?

Circle or check all that apply:

- ☐ Calm
- ☐ Happy
- ☐ Hopeful
- ☐ Connected
- ☐ Loved
- ☐ Appreciated
- ☐ Neutral
- ☐ Tired
- ☐ Stressed
- ☐ Anxious
- ☐ Sad

- ☐ Frustrated
- ☐ Angry
- ☐ Hurt
- ☐ Disappointed
- ☐ Lonely
- ☐ Disconnected
- ☐ Resentful
- ☐ Overwhelmed
- ☐ Other: _____

My emotional intensity today is:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

2. RELATIONSHIP CHECK-IN

Using a scale from 0–10, rate the following:

Overall relationship satisfaction: _____/10

Communication: _____/10

Emotional connection: _____/10

Trust: _____/10

Friendship/companionship: _____/10

Physical affection: _____/10

Sexual/intimate connection: _____/10

Problem-solving as a team: _____/10

Parenting/co-parenting: _____/10

Household teamwork: _____/10

Financial management/teamwork: _____/10

Self-care and personal wellness: _____/10

Feeling heard and understood: _____/10



Recovery from past hurts or betrayal: _____
/10

3. AREAS OF CONCERN

Since the last session, have any of the following negatively affected your relationship?

Alcohol, Drugs & Addictive Behaviors

- | | |
|---|--|
| ☐ Alcohol use | ☐ Gaming |
| ☐ Cannabis use | ☐ Shopping/spending |
| ☐ Prescription medication misuse | ☐ Social media/internet use |
| ☐ Other substance use | ☐ Food-related addictive behaviors |
| ☐ Gambling | ☐ Other addictive or compulsive behavior: _____ |
| ☐ Pornography use | _____ |
| ☐ Sexual compulsivity | ☐ No current concerns |

If applicable, how has this affected the relationship?

Parenting & Family Concerns

- | | |
|---|--|
| ☐ Different parenting styles | parenting |
| ☐ Discipline disagreements | ☐ Child behavioral or emotional concerns |
| ☐ Co-parenting conflict | ☐ Extended family interference/conflict |
| ☐ Step/blended family concerns | ☐ Parenting responsibilities feel unequal |
| ☐ Lack of consistency with children | ☐ No current concerns |
| ☐ One partner feeling unsupported with | |
- Primary parenting/family concern:**
-
-

Financial Management

- | | |
|--|---|
| ☐ Overspending | ☐ Budgeting difficulties |
| ☐ Impulsive purchases | ☐ Unequal financial responsibility |
| ☐ Debt | ☐ Hidden purchases/accounts |



- ☐ Financial secrecy
- ☐ Differences in spending/saving values
- ☐ Income or employment stress

- ☐ Gambling-related financial concerns
- ☐ Difficulty paying bills
- ☐ No current concerns

Primary financial concern:

Self-Care & Individual Wellness

- ☐ Lack of sleep
- ☐ Work stress/burnout
- ☐ Limited personal time
- ☐ Poor physical health habits
- ☐ Limited exercise/activity
- ☐ Emotional exhaustion
- ☐ Difficulty setting boundaries

- ☐ Neglecting hobbies/interests
- ☐ Social isolation
- ☐ Difficulty managing stress
- ☐ One partner feels responsible for the other partner's emotional wellbeing
- ☐ No current concerns

One area of self-care I need to improve is:

Infidelity, Trust & Relationship Boundaries

- ☐ Emotional infidelity
- ☐ Physical/sexual infidelity
- ☐ Online relationship or inappropriate messaging
- ☐ Secretive phone/social media behavior
- ☐ Pornography-related trust concerns
- ☐ Dating apps or inappropriate online contact
- ☐ Lying or withholding information

- ☐ Broken relationship agreements
- ☐ Ongoing difficulty rebuilding trust after infidelity
- ☐ Fear or suspicion of current infidelity
- ☐ Jealousy/insecurity
- ☐ Boundary concerns with friends, coworkers, or former partners
- ☐ No current concerns

If applicable, what remains unresolved?

4. SINCE OUR LAST SESSION

One thing that went well in our relationship was:



One thing my partner did that I appreciated was:

One way I tried to improve our relationship was:

5. CHALLENGES SINCE OUR LAST SESSION

The biggest concern, conflict, or stressor we experienced was:

What happened?

How did I respond?

How did my partner respond?

What do I wish we had done differently?

6. COMMUNICATION CHECK

Since our last session:



- ☐ We communicated respectfully most of the time.
- ☐ We were able to discuss difficult topics without escalating.
- ☐ We listened to each other.
- ☐ We used criticism, blaming, or defensiveness.
- ☐ One or both of us shut down or withdrew.

- ☐ We yelled or became verbally aggressive.
- ☐ We avoided important conversations.
- ☐ We repaired after disagreements.
- ☐ We apologized when appropriate.
- ☐ We were able to compromise.
- ☐ We are still carrying unresolved resentment.

Something I need help communicating today is:

7. CONNECTION & INTIMACY

During the past week, I felt:

Emotionally connected to my partner:

- ☐ Very much ☐ Somewhat ☐ A little ☐ Not at all

Physically affectionate with my partner:

- ☐ Very much ☐ Somewhat ☐ A little ☐ Not at all

Satisfied with our sexual/intimate relationship:

- ☐ Very satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very dissatisfied

Something that would help me feel more connected is:

8. UNRESOLVED ISSUES

Is there something you have been avoiding, holding in, or struggling to bring up?

- ☐ No
- ☐ Yes

If yes, briefly describe:



What feelings come up for me around this issue?

9. WHAT I NEED FROM MY PARTNER

Right now, I need more:

- | | |
|---|---|
| ☐ Listening | ☐ Accountability |
| ☐ Affection | ☐ Communication |
| ☐ Appreciation | ☐ Sexual intimacy |
| ☐ Reassurance | ☐ Personal space |
| ☐ Honesty | ☐ Consistency |
| ☐ Trust | ☐ Forgiveness |
| ☐ Quality time | ☐ Support with recovery/addiction concerns |
| ☐ Support | ☐ Support with self-care |
| ☐ Help with parenting | ☐ Other: |
| ☐ Help with household responsibilities | _____ |
| ☐ Financial teamwork | _____ |
| ☐ Patience | |

One specific thing my partner could do this week that would help me is:

10. SELF-REFLECTION

One behavior or pattern I recognize that I personally need to work on is:

What can I take responsibility for without blaming my partner?

One thing I can do differently this week is:



One self-care activity I will prioritize this week is:

11. SESSION PRIORITIES

What are the **three most important things** you would like to discuss today?

1. _____

2. _____

3. _____

If we could make progress on **one issue today**, I would want it to be:

12. SAFETY & HIGH-RISK CONCERNS

Since the last session, have there been any concerns involving:

Physical aggression or threats?

☐ No ☐ Yes

Fear of your partner?

☐ No ☐ Yes

Controlling or intimidating behavior?

☐ No ☐ Yes

Destruction of property?

☐ No ☐ Yes

Thoughts of harming yourself or someone else?

☐ No ☐ Yes

Alcohol or drug use that negatively affected the relationship?

☐ No ☐ Yes



Relapse or increased addictive/compulsive behaviors?

☐ No ☐ Yes

Driving, parenting, or caring for children while impaired?

☐ No ☐ Yes

Financial behavior that jeopardized household stability?

☐ No ☐ Yes

Infidelity or a significant violation of relationship boundaries?

☐ No ☐ Yes

If yes to any item, please discuss this privately with your therapist.

13. END-OF-CHECK-IN

Today I feel hopeful about our relationship:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

My willingness to work on this relationship today is:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

My level of trust in my partner today is:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

My level of emotional connection with my partner today is:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

One thing I want my partner to know before we begin today's session is:

Therapist Use

Primary concern(s): _____

Communication/relationship themes: _____

AOD/addiction concerns: _____

Parenting/family concerns: _____



Financial concerns: _____

Self-care/wellness concerns: _____

Infidelity/trust concerns: _____

Progress since last session: _____

Clinical/safety concerns: _____

Focus for today's session: _____