Couples Therapy Workbook

Name: _____ Date of birth: _____ dd / mm / yyyy

Gender: _____ Contact information: _____

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Couples therapy primarily focuses on helping partners navigate difficulties within their relationship, whether they are experiencing significant issues or simply seeking to strengthen their bond. This Couples Therapy Workbook is a resource designed to facilitate communication and understanding between partners in a romantic relationship. These workbooks typically contain structured exercises, guided conversations, and activities that help couples explore their feelings, improve their interactions, and address relationship challenges.

RELATIONSHIP EVALUATION

I. Relationship strengths

What do you and your partner enjoy most about your relationship?

What are some shared values or goals you both hold?

List three aspects of your partner that you admire or appreciate.

II. Areas for growth

What challenges are you currently facing in your relationship?

What do you think could improve in your relationship dynamics?

Are there any unresolved conflicts or recurring issues?

COMMUNICATION WORKSHEET

I. Understanding communication styles

How do you typically communicate during disagreements?

How do you feel your partner communicates?

Rate your satisfaction with the communication in your relationship on a scale of 1-10:

1 2 3 4 5 6 7 8 9 10

II. Communication scenarios

Provide hypothetical or past scenarios and reflect on how each partner handled them.

LOVE LANGUAGE ASSESSMENT

Rank the following statements on a scale from 1 (Strongly disagree) to 5 (Strongly agree).

I appreciate it when my partner affirms their love verbally.

1 2 3 4 5

Spending quality time with my partner is important to me.

1 2 3 4 5

Acts of service show love more than words.

1 2 3 4 5

I value receiving gifts that show thoughtfulness.

1 2 3 4 5

Physical touch helps me feel closer to my partner.

1 2 3 4 5

ACTIVITIES TO TRY

This section introduces hands-on exercises to help couples strengthen their bond, enhance communication, and deepen intimacy. These activities can be completed at the couples' own pace, offering meaningful ways to nurture their relationship.

GOAL SETTING

I. Individual goals

What are your personal goals for this relationship?

What would you like to achieve individually during therapy?

II. Shared goals

What shared goals do you both want to achieve?

How will you work as a team to achieve these goals?

EXPECTATIONS AND BOUNDARIES

In this section, clearly define expectations for communication, time together, and conflict resolution.

MUTUAL COMMITMENTS

Specify below:

ADDITIONAL NOTES

Specify below:

THERAPIST INFORMATION

Name: _____ License ID number: _____

Signature:

Date of assessment: _____ dd / mm / yyyy