Relationship Check-In

Name: _____ Partner's name: _____

Length of relationship: _____

COMMUNICATION

How have we been communicating lately?

How can we improve our communication?

EMOTIONAL NEEDS

Are your emotional needs being met?

How can you better support my emotional needs?

TRUST AND UNDERSTANDING

Do you feel understood and heard in our relationship?

How can we strengthen trust in our relationship?

CONFLICT RESOLUTION

Are there unresolved issues we should address?

How should we handle disagreements more effectively?

PLANS AND GOALS

What are our plans for this year?

PERSONAL SPACE AND INDEPENDENCE

Do you feel as if we are having enough personal space?

If not, what might be a solution to this?

SOCIAL LIFE

Do you think we are having enough social time with friends and family?

If not, how do you think we could manage this?

FINANCIAL MANAGEMENT

How do you feel our finances are tracking?

What could we do to improve financial management?

ADDITIONAL NOTES

Specify below: