



# Community Counseling

## Couples Problem Inventory

Name \_\_\_\_\_ Date \_\_\_\_\_

1. On the first column please indicate how severe the problem is by placing a number from 0 to 10. A zero (0) indicates that the problem is not severe and ten (10) indicates that is a very serious problem area.
2. In the second column, please write the number of years, months, weeks, or days that this area has been a problem.

This is to be completed separately by each member of your couple. For areas 12-13, in your opinion, what are other problem areas that are not covered in questions 1 through 11.

For example:

	How Severe	How long?
Alcohol and Drugs	8	2 ½ years

This indicates that alcohol and drugs are in your opinion a serious problem and that it has been a problem for about 2 ½ years.

	How Severe (0-10)	How long has this been a problem?
1. Money		
2. Communication		
3. In-Laws		
4. Family Members		
5. Sex		
6. Religion		
7. Friends		
8. Alcohol and/or Drugs		
9. Children		
10. Jealousy		
11. Household Chores		
12.		
13.		

*"We care beyond the hour"*