



Arammu Personal Questionnaire

Strengths

Please indicate the degree to which you experience each of the following areas as a strength in your relationship.

	Not a Strength	Moderate Strength	Significant Strength
1. We chat, touch base, or check-in regularly about what's going on in our separate day-to-day lives.			
2. We regularly spend quality time together.			
3. We communicate our anger with each other in an open, respectful, and assertive manner.			
4. We're good at making up after a fight.			
5. My partner and I feel emotionally close to each other during and after sex (rather than more distant or lonely).			
6. My partner accepts who I am as a person, including my faults and weaknesses.			
7. We are verbally affectionate toward each other on a daily basis.			
8. We are physically affectionate toward each other on a daily basis.			
9. We are actively taking care of the health of our relationship.			
10. We clearly and effectively communicate our wants and needs to each other.			
11. We laugh or smile together.			
12. We're good friends.			
13. We're comfortable leaning on each other for emotional support.			
14. I feel safe being emotionally open and honest with my partner.			
15. We talk about the things we each find most meaningful in our lives.			
16. We actively support each other in the things we find most important as individuals.			
17. We both tend to think in terms of "we, us, and ours," rather than "I, me, and mine."			
18. We actively show our love toward one another.			
19. We tend to agree more than disagree when it comes to money issues.			
20. We're a good team when it comes to parenting.			



21. Our trust in each other is strong and stable.			
22. We talk to each other in a supportive way about the stresses in our individual lives.			
23. We are very committed to our relationship.			
24. We solve problems well together as a team.			
25. We listen well to each other.			

Now, from the list above, please rank in order what you consider to be the **top three strengths** in your relationship.

For example, #1: Strength Statement #11: We laugh or smile together.

#1: Strength Statement #__: _____

#2: Strength Statement #__: _____

#3: Strength Statement #__: _____

Concerns

Please indicate the degree to which you experience each of the following areas as a concern in your relationship.

	Not a Concern	Moderate Concern	Significant Concern
1. We do not chat, touch base, or check-in regularly about what's going on in our separate day-to-day lives.			
2. We do not spend enough quality time together.			
3. We do not express our emotions in healthy ways.			
4. We are not good at making up after a fight.			
5. We're not able to raise issues with each other in a kind and respectful way.			
6. When one of us has been hurt, we are not good at forgiving each other.			
7. We are having difficulty with our sex life.			
8. My partner doesn't accept who I am as a person with my own faults and weaknesses.			
9. My partner doesn't really know who I am as a person.			
10. We are not verbally affectionate toward each other on a daily basis.			
11. We are not physically affectionate toward each other on a daily basis.			
12. We do not clearly and effectively communicate our wants and needs to each other.			
13. We don't seem to be very good friends.			
14. We aren't comfortable leaning on each other for emotional support.			

15. We rarely talk about the things we each find most meaningful in our lives.			
16. We rarely support each other in the things we find most important as individuals.			
17. Our relationship doesn't seem to be a high priority for both of us.			
18. We rarely show our love toward one another.			
19. We tend to disagree more than agree when it comes to money issues.			
20. We aren't a good team when it comes to parenting.			
21. Alcohol and/or drug use is an issue in our relationship.			
22. Physical health issues are a source of stress on our relationship.			
23. Mental/emotional health issues are a source of significant stress for us.			
24. Significant recent changes are a source of stress between us.			
25. We recently had our first baby.			
26. One of us recently retired.			
27. Work stress is often an issue in our relationship.			
28. Our relationship is suffering the effects or after effects of an affair.			
29. We have problems trusting each other.			
30. I often resent my partner's attempts to solve my problems instead of just listening.			
31. We have been under a great deal of stress in our lives lately.			
32. We sometimes hit each other or throw things when we're angry.			
33. We do not solve problems well together as a team.			

Now, from the list above, please rank in order what you consider to be the **top three concerns** in your relationship.

For example, #1: Concern Statement #2: We do not spend enough quality time together.

#1: Concern Statement #__ : _____

#2: Concern Statement #__ : _____

#3: Concern Statement #__ : _____