

# 3 Questions

(Please answer and bring to your next therapy session)

Name: \_\_\_\_\_

Date \_\_\_\_\_

1. What is one thing that your spouse or significant other does very well and you would love for them to keep doing it?

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2. What is one thing that your spouse or significant other is doing OK and you would like them to improve?

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3. What is one thing that your spouse or significant other is doing that is killing the relationship (and you) and you would like them to stop?

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