

## Relationship counselling evaluation

The following information helps us to improve our services and also helps us to gather information to support us in apply for funding to continue our low cost counselling service.

Name of counsellor: .....

**Thinking about your relationship, has there been a change to:**

	Less		Same		More
<b>The intimacy in the relationship?</b>	1	2	3	4	5
<b>The affection you show your partner?</b>	1	2	3	4	5
<b>The affection you feel from your partner?</b>	1	2	3	4	5
<b>The number of conflicts/disagreements you have?</b>	1	2	3	4	5
<b>The intensity of your conflicts/disagreements a?</b>	1	2	3	4	5
<b>The commitment you feel to the relationship?</b>	1	2	3	4	5
<b>The trust you have in your partner?</b>	1	2	3	4	5
<b>The trust your partner has in you?</b>	1	2	3	4	5
<b>How you see your influence on the relationship</b>	1	2	3	4	5

What changes have you noticed in your relationship:

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What changes have you made in your relationship?

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Please answer the following if you have children in your care.

Do you think your children:

	Worse		Same		Better
Have noticed a change in your relationship?	1	2	3	4	5
Have noticed a change in the family atmosphere?	1	2	3	4	5
Have noticed a change in the amount of conflict?	1	2	3	4	5
Appear to have more settled behaviour?	1	2	3	4	5

What changes have you noticed about your home environment?

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Thinking about your counselling:

	Not at all		Okay		Very much
I felt listened too	1	2	3	4	5
I felt supported	1	2	3	4	5
Helped me develop ideas	1	2	3	4	5
Was treated respectfully	1	2	3	4	5
Your counsellor's input was helpful	1	2	3	4	5
Your counsellor helped you develop appropriate strategies	1	2	3	4	5

General comments:

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I give permission for my unnamed comments to be used to help develop the couples counselling programme. **Yes / No**

\_\_\_\_\_ Signed \_\_\_\_\_ Date

Thank you for your time completing this evaluation.