

Relationship Audit Worksheet

Name: _____ Date: _____

Partner's name: _____ Length of relationship: _____

Date of session: _____ Practitioner: _____

Personal reflection

How satisfied do you feel within this relationship?

What are your emotional needs, and do you feel they are being met?

What do you appreciate most about your partner?

Communication

How do you feel about the level of understanding and communication you experience with your partner?

How do you handle conflict, and do you feel that issues are resolved fairly?

How comfortable are you in discussing difficult topics?

Trust and intimacy

How much do you trust your partner? Are there areas of mistrust?

How emotionally close do you feel to your partner?

What physical or emotional intimacy needs that are not being fulfilled?

Shared values and goals

In what ways do your life goals, including career aspirations, family plans, or lifestyle preferences, align or differ from those of your partner?

How aligned are your values (e.g., religion, money, social life)?

How do you approach major life decisions together?

Quality time and activities

How often do you make time for each other? How do you spend that time?

What activities do you both enjoy that help deepen your connection?

How satisfied are you with the balance between time spent together and apart?

Conflict resolution

How do you typically handle conflict? Are there recurring patterns that hinder resolution?

How do both partners experience being heard during disagreements?

How effective is your problem-solving as a team?

Emotional support

Do you feel emotionally supported by your partner during difficult times?

How often do you express appreciation or gratitude toward each other?

In what ways do you experience emotional support from your partner during difficult times?

Additional notes