



COUPLE ROUTINE OUTCOME MONITORING

NAME: _____

DATE: _____

COMPLETING THIS ☐ Before session ☐ After session

INSTRUCTIONS:

Answer each question about how you feel about your relationship THIS WEEK

QUESTIONS:

Emotional Engagement: Do you feel you are emotionally connected, (trusting, open, safe) with your partner ?

Understand: Do you feel you understand and are in tune with each other?

Alliance. Do you feel like you and your partner are working well together toward relationship goals?

Work. Are you putting time and effort into improving your relationship (doing positive/ healthy things for your relationship)?

Therapist alliance. How much is your therapist working with you to accomplish your goals?

Would you say Couple Counseling is working?
We are working on the things I want to work on in couple counseling.

Overall, what is your level of well-being (how you are doing)?

Did you use any exercises, resources or recommendations from couple therapy this week?
If so, how did it go?

RATING SCALE:

Never Rarely Sometimes Often Always



_____ Bond

Never Rarely Sometimes Often Always

1 3 5 8 10



_____ Efficacy

Couldn't
be worse

Couldn't
be better



Partner ROM Tracking

This chart shows our progress in couple therapy

BOND= questions about your relationship emotional engagement, understanding, couple alliance, and work.

INDIVIDUAL= individual well-being

