



Center for Compassion

Strengthening Relationships

Please take time to respond to the questions below. Return the questionnaire to me before the workshop. This information will be kept confidential. Please contact me via phone or text if you have any questions or concerns.

Name:

Address:

Private phone where I may leave voicemail or text:

Email address:

Age:

Please share what you would like regarding how you identify yourself; for example and not limited to: *race, ethnicity, country of birth/immigration, age/life stage, gender expression, sexual/affection orientation, impairment/disability, religion/spirituality, education, occupation, social economic status, intimate partner, family role...*

Name of intimate partner:

How long have you been together?

Do you have children?

What are the strengths within your relationship?

What are the challenges within your relationship?

How do you benefit from nurturing relationships? With your intimate partner? With those you consider family? With friends?

Do you go to others for support (emotional, spiritual, mental and/or physical)? How do you seek support? Who do you go to for support? Do you usually get the support you desire?

What interested you in participating in the workshop? What would you like to gain by participating in this workshop?

How did you hear about Connecting with Compassion Couples Workshop? Thank you.