Malmesbury Therapy
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MY RELATIONSHIP VISION **Name: …… Date: ……**

Fill below the qualities that you truly require in an ideal love relationship – tick the box if it is absolutely essential, or simply desirable or not important. In the "Difficulty Level" write on a scale of 1 (easily achievable) to 10 (impossible to achieve) in terms of your current relationship.

Qualities I require for my Ideal Love Relationship	Essential	Desirable	Un-important	Difficulty Level