

Client ID#: _____ Date: _____

Locke-Wallace Relationship Adjustment Test

Circle the dot on the scale line that best describes the degree of happiness, everything considered, of your present relationship. The middle point "happy" represents the degree of happiness that most people get from their relationship, and the scale gradually ranges on one side to those few who are very unhappy and, on the other, to those few who experience extreme joy or felicity in their relationship.

• • • • •
Very Unhappy Happy Perfectly Happy

State the approximate extent of agreement or disagreement between you and your partner on the following items. Please check each column.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Handling Family Finances						
2. Matters of Recreation						
3. Demonstration of Affection						
4. Friends						
5. Sex Relations						
6. Conventionality (right, good, or proper conduct)						
7. Philosophy of Life						
8. Ways of Dealing with In-laws						

For each of the following items, check one response:

9. When disagreements arise, they usually result in
(a) me giving in___ (b) my partner giving in___ (c) agreement by mutual give and take___
10. Do you and your partner engage in outside interests together?
(a) all of them___ (b) some of them___ (c) very few of them___ (d) none of them___
11. In leisure time, do you generally prefer:
(a) to be "on the go"___ (b) to stay at home ___
12. Does your partner generally prefer:
(a) to be "on the go"___ (b) to stay at home ___
13. Do you ever wish you had not committed to this relationship?
(a) frequently___ (b) occasionally___ (c) rarely___ (d) never___
14. If you had your life to live over again, do you think you would:
(a) commit to the same person ___ (b) commit to a different person ___
(c) not commit at all ___
15. Do you ever confide in your partner?
(a) almost never___ (b) rarely___ (c) in most things___ (d) in everything___

Client ID#: _____ Date: _____

Weiss-Cerretto Relationship Status Inventory

We would like to get an idea of how your relationship stands right now. Please answer the questions below by circling TRUE or FALSE for each item with regard to how things stand right now. For items that are true, please indicate what year the item began to be true.

1. I have made specific plans to discuss separation (or divorce) with my partner. I have considered what I would say, etc.	TRUE	FALSE	Year: _____
2. I have set up an independent bank account in my name in order to protect my own interests.	TRUE	FALSE	Year: _____
3. Thoughts of separation (or divorce) occur to me very frequently, as often as once a week or more.	TRUE	FALSE	Year: _____
4. I have suggested to my partner (spouse) that I wish to be separated, divorced, or rid of him/her.	TRUE	FALSE	Year: _____
5. I have thought specifically about separation (or divorce). I have thought about who would get the kids, how things would be divided, pros and cons, etc.	TRUE	FALSE	Year: _____
6. My partner and I have separated. This is a [CHECK ONE] <input type="checkbox"/> trial separation, or <input type="checkbox"/> legal separation.	TRUE	FALSE	Year: _____
7. I have discussed the question of my separation (or divorce) with someone other than my partner (trusted friend, psychologist, minister, etc.).	TRUE	FALSE	Year: _____
8. I have occasionally thought of separation (or divorce) or wished that we were separated, usually after an argument or other incident.	TRUE	FALSE	Year: _____
9. I have discussed the issue of separation (or divorce) seriously or at length with my partner.	TRUE	FALSE	Year: _____
10. We are separated, I have asked that the separation be permanent (or filed for divorce), or we are completely broken up (or divorced).	TRUE	FALSE	Year: _____
11. I have made inquiries about separation (or how long it takes to get a divorce, grounds for divorce), costs involved, etc.	TRUE	FALSE	Year: _____
12. I have contacted a lawyer to make preliminary plans for a separation or custody arrangement (or divorce).	TRUE	FALSE	Year: _____
13. I have consulted a lawyer or other legal aid about the matter.	TRUE	FALSE	Year: _____
14. I have considered separation (or divorce) a few times, other than during or after an argument, although only in vague terms.	TRUE	FALSE	Year: _____

Client ID#: _____ Date: _____

The Sound Relationship House Questionnaires (5 item scale)

Love Maps

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALSE
I can tell you some of my partner's life dreams.	<input type="checkbox"/>	<input type="checkbox"/>
I can list the relatives my partner likes the least.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is familiar with what are my current stresses.	<input type="checkbox"/>	<input type="checkbox"/>
I can list my partner's major aspirations and hopes in life.	<input type="checkbox"/>	<input type="checkbox"/>
I know my partner's major current worries.	<input type="checkbox"/>	<input type="checkbox"/>

Fondness and Admiration System

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALSE
My partner really respects me.	<input type="checkbox"/>	<input type="checkbox"/>
I feel loved and cared for in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
Romance is something our relationship definitely still has in it.	<input type="checkbox"/>	<input type="checkbox"/>
When I come into a room, my partner is glad to see me.	<input type="checkbox"/>	<input type="checkbox"/>
My partner appreciates the things I do in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>

Turning Towards or Away

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALSE
I really enjoy discussing things with my partner.	<input type="checkbox"/>	<input type="checkbox"/>
We always have a lot to say to each other.	<input type="checkbox"/>	<input type="checkbox"/>
We have a lot of fun together in our everyday lives.	<input type="checkbox"/>	<input type="checkbox"/>
We really have a lot of interests in common.	<input type="checkbox"/>	<input type="checkbox"/>
We like to do a lot of the same things.	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

Negative Sentiment Override

Fill this form out thinking about your immediate past (last 2 to 4 weeks) or a recent discussion of an existing issue. Read each statement and place a check mark in the appropriate TRUE or FALSE box.

IN THE RECENT PAST IN MY RELATIONSHIP, GENERALLY	TRUE	FALSE
I felt innocent of blame for this problem.	<input type="checkbox"/>	<input type="checkbox"/>
I felt unjustly accused	<input type="checkbox"/>	<input type="checkbox"/>
I felt personally attacked.	<input type="checkbox"/>	<input type="checkbox"/>
I felt unjustly criticized.	<input type="checkbox"/>	<input type="checkbox"/>
I wanted the negativity to just stop.	<input type="checkbox"/>	<input type="checkbox"/>

Harsh Startup

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRUE	FALSE
Arguments often seem to come out of nowhere.	<input type="checkbox"/>	<input type="checkbox"/>
I seem to always get blamed for issues.	<input type="checkbox"/>	<input type="checkbox"/>
My partner criticizes my personality.	<input type="checkbox"/>	<input type="checkbox"/>
Our calm is suddenly shattered.	<input type="checkbox"/>	<input type="checkbox"/>
I find my partner's negativity unnerving and unsettling.	<input type="checkbox"/>	<input type="checkbox"/>

Accepting Influence

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRUE	FALSE
I generally want my partner to feel influential in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I can listen to my partner, but only up to a point.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a lot of basic common sense.	<input type="checkbox"/>	<input type="checkbox"/>
I don't reject my partner's opinions out of hand.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is basically a great help as a problem solver.	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

Repair Attempts

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

DURING OUR ATTEMPTS TO RESOLVE CONFLICT BETWEEN US	TRUE	FALSE
We are good at taking breaks when we need them.	<input type="checkbox"/>	<input type="checkbox"/>
Even when arguing, we can maintain a sense of humor.	<input type="checkbox"/>	<input type="checkbox"/>
We are pretty good listeners even when we have different positions on things.	<input type="checkbox"/>	<input type="checkbox"/>
If things get heated, we can usually pull out of it and change things.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is good at soothing me when I get upset.	<input type="checkbox"/>	<input type="checkbox"/>

Compromise

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

DURING OUR ATTEMPTS TO RESOLVE CONFLICT BETWEEN US	TRUE	FALSE
We are usually good at resolving our differences.	<input type="checkbox"/>	<input type="checkbox"/>
We both believe in meeting each other halfway when we disagree.	<input type="checkbox"/>	<input type="checkbox"/>
In discussing issues, we can usually find our common ground of agreement.	<input type="checkbox"/>	<input type="checkbox"/>
Yielding power is not very difficult for me.	<input type="checkbox"/>	<input type="checkbox"/>
Give and take in making decisions is not a problem in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>

Gridlock on Perpetual Issues

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRUE	FALSE
We keep hurting each other whenever we discuss our core issues.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a long list of basically unreasonable demands.	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel respected when we disagree.	<input type="checkbox"/>	<input type="checkbox"/>
My partner often acts in a selfish manner.	<input type="checkbox"/>	<input type="checkbox"/>
When we discuss our issues, my partner acts as if I am totally wrong and he or she is totally right.	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

The Four Horsemen

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRUE	FALSE
I have to defend myself because the charges against me are so unfair.	<input type="checkbox"/>	<input type="checkbox"/>
I often feel unappreciated by my partner.	<input type="checkbox"/>	<input type="checkbox"/>
My partner doesn't face issues responsibly and maturely.	<input type="checkbox"/>	<input type="checkbox"/>
I am just not guilty of many of the things I get accused of.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a lot of trouble being rational and logical.	<input type="checkbox"/>	<input type="checkbox"/>

Flooding

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALSE
Our discussions get too heated.	<input type="checkbox"/>	<input type="checkbox"/>
I have a hard time calming down.	<input type="checkbox"/>	<input type="checkbox"/>
One of us is going to say something we will regret.	<input type="checkbox"/>	<input type="checkbox"/>
I think to myself, "Why can't we talk more logically?"	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a long list of unreasonable demands.	<input type="checkbox"/>	<input type="checkbox"/>

Emotional Disengagement and Loneliness

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALSE
I often find myself disappointed in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I will at times find myself quite lonely in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for my deepest feelings to get much attention in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
There is not enough closeness between us.	<input type="checkbox"/>	<input type="checkbox"/>
I have adapted to a lot in this relationship, and I am not so sure it's a good idea.	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

Quality of Sex, Romance, and Passion in the Relationship

For each item check the one box below that applies to your relationship right now:

1. Our relationship is	<input type="radio"/>	Romantic and passionate
	<input type="radio"/>	Becoming passionless, that is, the fire is going out
2. I would say that	<input type="radio"/>	My partner is still verbally affectionate
	<input type="radio"/>	My partner is not very verbally affectionate
3. I would say that	<input type="radio"/>	My partner expresses love and admiration to me
	<input type="radio"/>	My partner expresses love or admiration less frequently these days
4. I would say that	<input type="radio"/>	We do touch each other a fair amount
	<input type="radio"/>	We rarely touch each other these days
5. I would say that	<input type="radio"/>	My partner courts me sexually
	<input type="radio"/>	My partner does not court me sexually
6. I would say that	<input type="radio"/>	We do cuddle with one another
	<input type="radio"/>	We rarely cuddle with one another
7. I would say that	<input type="radio"/>	We still have our tender and passionate moments
	<input type="radio"/>	We have few tender or passionate moments
8. I would say that	<input type="radio"/>	Our sex life is fine
	<input type="radio"/>	There are definite problems in this area
9. I would say that	<input type="radio"/>	The frequency of sex is not a problem
	<input type="radio"/>	The frequency of sex is a problem
10. I would say that	<input type="radio"/>	The satisfaction I get from sex is not a problem
	<input type="radio"/>	The satisfaction I get from sex is a problem
11. I would say that	<input type="radio"/>	Being able to just talk about sex, or talk about sexual problems is not a serious issue between us
	<input type="radio"/>	Being able to just talk about sex, or talk about sexual problems is a serious issue between us
12. I would say that	<input type="radio"/>	The two of us generally want the same thing sexually
	<input type="radio"/>	The two of us want different things sexually
13. I would say that	<input type="radio"/>	Differences in desire are not an issue in this relationship
	<input type="radio"/>	Differences in desire are an issue in this relationship
14. I would say that	<input type="radio"/>	The amount of love in our lovemaking is not a problem
	<input type="radio"/>	The amount of love in our lovemaking is a problem

Client ID#: _____ Date: _____

Quality of Sex, Romance, and Passion in the Relationship (*continued*)

15. I would say that	<input type="radio"/>	The satisfaction my partner gets from sex is not a problem
	<input type="radio"/>	The satisfaction my partner gets from sex is a problem
16. I would say that	<input type="radio"/>	My partner is still physically very affectionate toward me
	<input type="radio"/>	My partner is not very physically affectionate toward me
17. I would say that	<input type="radio"/>	I feel romantic toward my partner
	<input type="radio"/>	I do not feel very romantic toward my partner
18. I would say that	<input type="radio"/>	My partner finds me sexually attractive
	<input type="radio"/>	My partner does not find me sexually attractive
19. I would say that	<input type="radio"/>	I find my partner sexually attractive
	<input type="radio"/>	I do not view my partner as sexually attractive
20. In this relationship	<input type="radio"/>	I feel romantic and passionate toward my partner, or
	<input type="radio"/>	I feel passionless, my own fire is going out
21. In this relationship	<input type="radio"/>	My partner is romantic and passionate, or,
	<input type="radio"/>	My partner is passionless, that is, the fire is going out in my partner
22. I would say that	<input type="radio"/>	The satisfaction I get from sex is not a problem
	<input type="radio"/>	The satisfaction I get from sex is a problem
23. I would say that	<input type="radio"/>	My partner compliments my appearance
	<input type="radio"/>	My partner does not compliment my appearance
24. I would say that	<input type="radio"/>	I am satisfied by how we initiate sex
	<input type="radio"/>	I am dissatisfied with the ways we initiate sex
25. I would say that	<input type="radio"/>	It is possible for me to refuse sex and have it be okay
	<input type="radio"/>	I am unable to refuse sex and have it be okay with my partner
26. I would say that	<input type="radio"/>	I hardly ever have sex when I don't want to
	<input type="radio"/>	It seems as if I often have sex when I don't want to
27. I would say that	<input type="radio"/>	We have many ways to satisfy one another sexually
	<input type="radio"/>	We have very few ways to satisfy one another sexually
28. Overall I would say that	<input type="radio"/>	We are good sexual partners
	<input type="radio"/>	We are not very good sexual partners

Client ID#: _____ Date: _____

Shared Meanings Questionnaire

We want you to think about how well you and your partner have been able to create a sense of shared meaning in your lives together. We think that when people become committed to one another they create a new culture, and some relationships also involve the union of two very different cultures. But even if two people are coming from the same regional, cultural, ethnic, and religious backgrounds, they will have been raised in two very different families, and their merging involves the creation of a new culture.

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

YOUR RITUALS	True	False
Reunions at the end of each day in our home are generally special times in my day.	<input type="checkbox"/>	<input type="checkbox"/>
During weekends, we do a lot of things together that we enjoy and value.	<input type="checkbox"/>	<input type="checkbox"/>
I really look forward to and enjoy our vacations and the travel we do together.	<input type="checkbox"/>	<input type="checkbox"/>
When we do errands together, we generally have a good time.	<input type="checkbox"/>	<input type="checkbox"/>
We have ways of becoming renewed and refreshed when we are burned out or fatigued.	<input type="checkbox"/>	<input type="checkbox"/>

YOUR ROLES	True	False
We share many similar values in our roles as lovers and partners.	<input type="checkbox"/>	<input type="checkbox"/>
My partner and I have compatible views about the role of work in one's life.	<input type="checkbox"/>	<input type="checkbox"/>
My partner and I have similar philosophies about balancing work and family life.	<input type="checkbox"/>	<input type="checkbox"/>
My partner supports what I would see as my basic mission in life.	<input type="checkbox"/>	<input type="checkbox"/>
My partner shares my views on the importance of family and kin (sisters, brothers, moms, dads) in our life together.	<input type="checkbox"/>	<input type="checkbox"/>

YOUR GOALS	True	False
If I were to look back on my life in very old age, I think I would see that our paths in life had meshed very well.	<input type="checkbox"/>	<input type="checkbox"/>
My partner values my own accomplishments.	<input type="checkbox"/>	<input type="checkbox"/>
My partner honors my own very personal goals, unrelated to my relationship.	<input type="checkbox"/>	<input type="checkbox"/>
We have very similar financial goals.	<input type="checkbox"/>	<input type="checkbox"/>
Our hopes and aspirations, as individuals and together, for our children, for our life in general, and for our old age are quite compatible.	<input type="checkbox"/>	<input type="checkbox"/>

YOUR SYMBOLS	True	False
We see eye-to-eye about what "home" means.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar views about the role of sex in our lives.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar views about the role of love and affection in our lives.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar values about the importance and meaning of money in our lives.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar values about "autonomy" and "independence."	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

TRUST

Instructions: For the following items answer the degree to which you agree or disagree with each item by checking the box under Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. There were important times when my partner has not been there for me emotionally when I was really in need.					
2. My partner has been or is emotionally involved with someone else, which feels like a betrayal.					
3. My partner has been or is sexually involved with someone else, which feels like a betrayal.					
4. I don't have much trust in any relationship.					
5. Once, when I really needed to turn to my partner for emotional support, I was terribly disappointed and left utterly alone.					
6. Sometimes I don't feel important to my partner.					
7. My partner has forced me to do some things against my principles, or to do things that I find objectionable, repulsive, or disgusting.					
8. My partner lies to me.					
9. There are some wounds my partner has created that can never fully heal between us.					
10. My trust in this relationship has been seriously shattered.					
11. I don't feel that I am my partner's first or even major priority in his or her life.					
12. My partner has cheated me and I feel betrayed by that.					
13. My partner has betrayed me financially.					
14. When going through hard times in our relationship, I don't feel I can count on my partner to be there for me.					
15. Our vows aren't really sacred to my partner.					
16. My partner can be deceitful with me in many ways.					
17. When I get sick I am abandoned by my partner.					
18. I can't really count on my partner.					
19. If I should have financial problems my financial problems are totally my own. I cannot rely on my partner to help me out.					
20. I suspect that my partner has betrayed our relationship contract in the past.					
21. My partner is not really loyal to me.					

Client ID#: _____ Date: _____

COMMITMENT

Instructions: For the following items answer the degree to which you agree or disagree with each item by checking the box under Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. I feel confident that my partner will stay in this relationship even if we are going through hard times.					
2. When I am feeling bad, my partner is willing to meet my needs.					
3. During a fight, my partner does not threaten to leave me.					
4. I am committed to this relationship.					
5. I consider my relationship rock solid.					
6. I would refuse to have sex with a person other than my partner.					
7. I will sometimes make major sacrifices for my partner even if it goes against what I need.					
8. I make sure that my partner feels loved by me.					
9. When my partner is sick, I think it is very important that I take care of him or her.					
10. When I compromise with my partner, I don't feel controlled and manipulated.					
11. Being a team is sometimes more important to me than my own needs					
12. I feel that my partner's financial security is in part my responsibility.					
13. If my partner were in emotional trouble, I would be there 100%.					
14. After an argument, I am not thinking that I could be happier with someone else.					
15. During a fight, I do not threaten to leave my partner.					
16. I am not waiting for someone better to come along.					
17. We are not usually engaged in a power struggle.					
18. I want to stay with my partner forever.					
19. I would avoid flirting if it made my partner feel insecure.					
20. No matter what's going on, I never fantasize about divorce or separation.					
21. No matter how bad things get I never long for the days when I was single.					

Client ID#: _____ Date: _____

COMMITMENT (continued)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
22. I never envy my friends who are single.					
23. I never fantasize about what life would be like being someone else's partner.					
24. I love it when my partner and I dream about our future together.					
25. I love thinking about my partner and I growing old together					
26. My worst nightmare is my partner dying before me.					
27. I feel loved by my partner.					

The Gottman 19 Areas Checklist for Solvable and Perpetual Problems

Instructions. Please think about how things are RIGHT NOW in each of the following areas of your relationship. Think about each area of your life together, and decide if this area is fine or if it needs improvement. For each of the statements below, check the box that best describes your relationship.

1. We are ☐ staying emotionally connected, or ☐ becoming emotionally distant.

Check all the specific items below:	Not a problem	Is a problem
Just simply talking to each other	<input type="checkbox"/>	<input type="checkbox"/>
Staying emotionally in touch with each other	<input type="checkbox"/>	<input type="checkbox"/>
Feeling taken for granted	<input type="checkbox"/>	<input type="checkbox"/>
Don't feel my partner knows me very well right now	<input type="checkbox"/>	<input type="checkbox"/>
Partner is (or I am) emotionally disengaged	<input type="checkbox"/>	<input type="checkbox"/>
Spending time together	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

2. We are ☐ handling job and other stresses effectively, or ☐ experiencing the "spill-over" of other stresses.

Check all the specific items below:	Not a problem	Is a problem
Helping each other reduce daily stresses.	<input type="checkbox"/>	<input type="checkbox"/>
Talking about these stresses together.	<input type="checkbox"/>	<input type="checkbox"/>
Talking together about stress in a helpful manner.	<input type="checkbox"/>	<input type="checkbox"/>
Partner listening with understanding about my stresses and worries.	<input type="checkbox"/>	<input type="checkbox"/>
Partner takes job or other stresses out on me.	<input type="checkbox"/>	<input type="checkbox"/>
Partner takes job or other stresses out on others in our life.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

Client ID#: _____ Date: _____

3. We are ☐ handling issues or disagreements well, or ☐ gridlocking on one or more issues.

Check all the specific items below:	Not a problem	Is a problem
Differences have arisen between us that feel very basic.	<input type="checkbox"/>	<input type="checkbox"/>
These differences seem unresolvable.	<input type="checkbox"/>	<input type="checkbox"/>
We are living day-to-day with hurts.	<input type="checkbox"/>	<input type="checkbox"/>
Our positions are getting entrenched.	<input type="checkbox"/>	<input type="checkbox"/>
It looks like I will never get what I hope for.	<input type="checkbox"/>	<input type="checkbox"/>
I am very worried that these issues may damage our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

4. Our relationship ☐ is romantic and passionate, or ☐ is becoming passionless; the fire is going out.

Check all the specific items below:	Not a problem	Is a problem
My partner has stopped being verbally affectionate.	<input type="checkbox"/>	<input type="checkbox"/>
My partner expresses love or admiration less frequently.	<input type="checkbox"/>	<input type="checkbox"/>
We rarely touch each other.	<input type="checkbox"/>	<input type="checkbox"/>
My partner (or I) have stopped feeling very romantic.	<input type="checkbox"/>	<input type="checkbox"/>
We rarely cuddle.	<input type="checkbox"/>	<input type="checkbox"/>
We have few tender or passionate moments.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

Client ID#: _____ Date: _____

5. ☐ Our sex life is fine, or ☐ There are problems in this area.

Check all the specific items below:	Not a problem	Is a problem
The frequency of sex.	<input type="checkbox"/>	<input type="checkbox"/>
The satisfaction I (or my partner) get from sex.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to talk about sexual problems.	<input type="checkbox"/>	<input type="checkbox"/>
The two of us wanting different things sexually.	<input type="checkbox"/>	<input type="checkbox"/>
Problems of desire.	<input type="checkbox"/>	<input type="checkbox"/>
The amount of love in our lovemaking.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

6. An important event (e.g., changes in job or residence, the loss of a job or loved one, an illness) has occurred in our lives. ☐ Yes ☐ No

The relationship ☐ is dealing with this well or ☐ is not dealing with this well

Check all the specific items below:	Not a problem	Is a problem
We have very different points of view on how to handle things.	<input type="checkbox"/>	<input type="checkbox"/>
This event has led my partner to be very distant.	<input type="checkbox"/>	<input type="checkbox"/>
This event has made us both irritable.	<input type="checkbox"/>	<input type="checkbox"/>
This event has led to a lot of fighting.	<input type="checkbox"/>	<input type="checkbox"/>
I'm worried about how this will all turn out.	<input type="checkbox"/>	<input type="checkbox"/>
We are now taking up very different positions.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

Client ID#: _____ Date: _____

7. Major issues about children have arisen (this could be about whether to be parents). ☐ Yes ☐ No

The relationship ☐ is dealing with this well or ☐ is not dealing with this well

Check all the specific items below:	Not a problem	Is a problem
We have very different points of view on goals for children.	<input type="checkbox"/>	<input type="checkbox"/>
We have different positions on what to discipline children for.	<input type="checkbox"/>	<input type="checkbox"/>
We have different positions on how to discipline children.	<input type="checkbox"/>	<input type="checkbox"/>
We have issues about how to be close to our children.	<input type="checkbox"/>	<input type="checkbox"/>
We are not talking about these issues very well.	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of tension or anger about these differences.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

8. Major issues/events have arisen about in-laws, a relative, or relatives.

☐ Yes ☐ No

The relationship ☐ is dealing with this well or ☐ is not dealing with this well

Check all the specific items below:	Not a problem	Is a problem
I feel unaccepted by my partner's family.	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes wonder which family my partner is in.	<input type="checkbox"/>	<input type="checkbox"/>
I feel unaccepted by my own family.	<input type="checkbox"/>	<input type="checkbox"/>
There is tension between us about what might happen.	<input type="checkbox"/>	<input type="checkbox"/>
This issue has generated a lot of irritability.	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about how this is going to turn out.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

Client ID#: _____ Date: _____

9. ☐ Being attracted to other people or jealousy is not an issue, or ☐ My partner is flirtatious or there may be a recent extra-relationship affair

Check all the specific items below:	Not a problem	Is a problem
This area is a source of a lot of hurt.	<input type="checkbox"/>	<input type="checkbox"/>
This is an area that creates insecurity.	<input type="checkbox"/>	<input type="checkbox"/>
I can't deal with the lies.	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to re-establish trust.	<input type="checkbox"/>	<input type="checkbox"/>
There is a feeling of betrayal.	<input type="checkbox"/>	<input type="checkbox"/>
It's hard to know how to heal this.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

10. ☐ There has been a recent extra-relationship affair (or I suspect there is one), or ☐ This is not an issue

Check all the specific items below:	Not a problem	Is a problem
This is a source of a lot of pain.	<input type="checkbox"/>	<input type="checkbox"/>
This has created insecurity.	<input type="checkbox"/>	<input type="checkbox"/>
I can't deal with the deception and lying.	<input type="checkbox"/>	<input type="checkbox"/>
I can't stop being angry.	<input type="checkbox"/>	<input type="checkbox"/>
I can't deal with my partner's anger.	<input type="checkbox"/>	<input type="checkbox"/>
I want this to be over but it seems to never end.	<input type="checkbox"/>	<input type="checkbox"/>
I am tired of apologizing.	<input type="checkbox"/>	<input type="checkbox"/>
It's hard to trust again.	<input type="checkbox"/>	<input type="checkbox"/>
I feel that our relationship has been violated.	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to know how to heal this.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

Client ID#: _____ Date: _____

11. When disagreements arise, ☐ we resolve issues well, or ☐ unpleasant fights have occurred

Check all the specific items below:	Not a problem	Is a problem
There are more fights now.	<input type="checkbox"/>	<input type="checkbox"/>
The fights seem to come out of nowhere.	<input type="checkbox"/>	<input type="checkbox"/>
Anger and irritability have crept into our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
We get into muddles where we are hurting each other.	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel very respected lately.	<input type="checkbox"/>	<input type="checkbox"/>
I feel criticized.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

12. ☐ We are in synchrony on basic values and goals, or ☐ Differences between us in these areas or in desired lifestyle are emerging.

Check all the specific items below:	Not a problem	Is a problem
Differences have arisen in life goals.	<input type="checkbox"/>	<input type="checkbox"/>
Differences have arisen about important beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
Differences have arisen on leisure time interests.	<input type="checkbox"/>	<input type="checkbox"/>
We seem to be wanting different things out of life.	<input type="checkbox"/>	<input type="checkbox"/>
We are growing in different directions.	<input type="checkbox"/>	<input type="checkbox"/>
I don't much like who I am with my partner.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

Client ID#: _____ Date: _____

13. Very hard events (for example, violence, drugs, an affair) have occurred within the relationship. ☐ Yes ☐ No

The relationship ☐ is dealing with this well or ☐ is not dealing with this well

Check all the specific items below:	Not a problem	Is a problem
There has been physical violence between us.	<input type="checkbox"/>	<input type="checkbox"/>
There is a problem with alcohol or drugs.	<input type="checkbox"/>	<input type="checkbox"/>
This is turning into a relationship I hadn't bargained for.	<input type="checkbox"/>	<input type="checkbox"/>
The "contract" of our couples relationship is changing.	<input type="checkbox"/>	<input type="checkbox"/>
I find some of what my partner wants upsetting or repulsive.	<input type="checkbox"/>	<input type="checkbox"/>
I am now feeling somewhat disappointed by this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

14. We ☐ work well as a team, or ☐ are not working very well as a team right now

Check all the specific items below:	Not a problem	Is a problem
We used to share more of the household's workload.	<input type="checkbox"/>	<input type="checkbox"/>
We seem to be pulling in opposite directions.	<input type="checkbox"/>	<input type="checkbox"/>
My partner does not share in housework or family chores.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is not carrying weight financially.	<input type="checkbox"/>	<input type="checkbox"/>
I feel alone in managing our family.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is not being very considerate.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

Client ID#: _____ Date: _____

15. ☐ We are coping well with issues of power or influence, or ☐ We are having trouble in this area

Check all the specific items below:	Not a problem	Is a problem
I don't feel influential in decisions we make.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has become more domineering.	<input type="checkbox"/>	<input type="checkbox"/>
I have become more demanding.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has become passive.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is "spacey," not a strong force in our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I am starting to care a lot more about who is running things.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

16. ☐ We are handling issues of finances well, or ☐ We are having trouble in this area

Check all the specific items below:	Not a problem	Is a problem
I or my partner just doesn't bring in enough money.	<input type="checkbox"/>	<input type="checkbox"/>
We have differences about how to spend our money.	<input type="checkbox"/>	<input type="checkbox"/>
We are stressed about finances.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is financially more interested in self than in us.	<input type="checkbox"/>	<input type="checkbox"/>
We are not united in managing our finances.	<input type="checkbox"/>	<input type="checkbox"/>
There is not enough financial planning.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

Client ID#: _____ Date: _____

17. We are ☐ doing well having fun together, or ☐ not having very much fun together

Check all the specific items below:	Not a problem	Is a problem
We don't seem to have very much time for fun.	<input type="checkbox"/>	<input type="checkbox"/>
We try, but don't seem to enjoy our times together very much.	<input type="checkbox"/>	<input type="checkbox"/>
We are too stressed for fun.	<input type="checkbox"/>	<input type="checkbox"/>
Work takes up all our time these days.	<input type="checkbox"/>	<input type="checkbox"/>
Our interests are so different now that there are no fun things we like to do together.	<input type="checkbox"/>	<input type="checkbox"/>
We plan fun things to do, but they never happen.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

18. We are ☐ feeling close in building/being a part of the community together, or ☐ not feeling close in building/being a part of the community together

Check all the specific items below:	Not a problem	Is a problem
Being involved with friends and other people or groups	<input type="checkbox"/>	<input type="checkbox"/>
Caring about the institutions that build communities	<input type="checkbox"/>	<input type="checkbox"/>
Putting time into the institutions of community (e.g., school, agencies)	<input type="checkbox"/>	<input type="checkbox"/>
Doing projects or work for charity.	<input type="checkbox"/>	<input type="checkbox"/>
Doing other good deeds for members of the community.	<input type="checkbox"/>	<input type="checkbox"/>
Taking a leadership role in the service of community.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

Client ID#: _____ Date: _____

19. We are ☐ feeling very close in the area of spirituality together, or ☐ not doing well in that area these days

Check all the specific items below:	Not a problem	Is a problem
Sharing the same beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
Agreeing about religious ideas and values.	<input type="checkbox"/>	<input type="checkbox"/>
Issues about specific house of worship (mosque, church, synagogue).	<input type="checkbox"/>	<input type="checkbox"/>
Communicating well about spiritual things.	<input type="checkbox"/>	<input type="checkbox"/>
Issues that are about spiritual growth and change.	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual issues involving our family.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

Client ID#: _____ Date: _____

The Three "Detour" Scales

CHAOS

Instructions: Check Yes or No for each item below.

STATEMENT	YES	NO
1. Does your home life together feel chaotic?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there any sense of disorder in your life together?	<input type="checkbox"/>	<input type="checkbox"/>
3. In this relationship are you unable to function well in your own life?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do major unplanned events keep happening to the two of you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the two of you always having to adapt to changing circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you sometimes feel personally out of control of your life?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you sometimes feel like a "feather in the wind" in this relationship?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is it hard for you both able to work regularly?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is it hard for the two of you to maintain a regular and reliable schedule?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your financial life seem unstable?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do your finances feel out of control?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do the two of you have trouble eating well (nutritiously)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have the two of you been unable to have a routine for grocery shopping?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have the two of you been unable to have a regular routine for meals?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have the two of you been unable to maintain good health?	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

META-EMOTIONS (YOUR OWN FEELINGS ABOUT EMOTIONS)

What's your emotion philosophy?

Instructions: For the following items answer the degree to which you agree or disagree with each item by checking the box under Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. I try not to think much about my own emotional states.					
2. I believe that people should just roll with the punches and get on with life.					
3. There's not much point in dwelling on your inner feelings.					
4. I generally view being emotional as being out of control.					
5. People ought to be more rational and less emotional.					
6. I think expressing emotion is okay only if it's in control.					
7. Anger is a very dangerous emotion.					
8. People often act emotional just to get what they want.					
9. If you ignore negative emotions, they tend to go away and take care of themselves.					
10. It is best to just "ride out" negative emotions and not dwell on them.					
11. I don't mind other people's negative moods as long as they don't last too long.					
12. I try to get over sadness quickly so I can move on to better things.					
13. I set some definite limits on other people's staying in a negative emotional state.					
14. I tend to get impatient with people's sadness.					
15. I believe in not paying attention to people if they aren't positive or cheerful.					
16. People can't be very rational if they are being emotional.					
17. I really don't want to experience negative emotions.					
18. It isn't important to dwell on why you are feeling the way you feel.					
19. When people get sad they are just feeling sorry for themselves.					
20. I think if you want to you can make yourself feel positively about almost anything.					
21. I am not sure anything can be done when someone is feeling down.					

Client ID#: _____ Date: _____

META-EMOTIONS (<i>continued</i>)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
22. I just don't think people should ever show their anger.					
23. It is unnecessary to look deeply at the causes of one's emotions.					
24. I just try not to make a big deal out of my own emotions.					
25. There is very little to be gained by dwelling on why one is feeling a certain way.					
26. People can definitely not tell what I am feeling.					
27. Anger is always a very toxic emotion.					
28. Feelings are private and I try not to express them outwardly.					
29. There's not much difference between anger and aggression.					
30. Expressions of affection are usually embarrassing for me.					
31. I try to avoid people when they are sad.					
32. Generally, I am fairly neutral and don't experience very much emotion.					
33. Sadness is a form of weakness.					
34. Feelings are best kept to one's self.					
35. Ideally, it is better to stay in control, upbeat, and positive.					
36. If people are emotional they may lose control.					
37. To get over a negative emotion, just get on with life and don't dwell on things.					
38. I don't feel comfortable with outward displays of love.					
39. People ought to know when you love them without your having to say so.					
40. Dwelling on your fears just is an excuse for not getting things done.					
41. In general it's better not to express your sad feelings.					
42. I'm not sure that there's much that can be done to change strong negative feelings.					
43. Trying to problem solve with an emotional person is a waste of time.					
44. When my partner is angry it means there is something wrong with our relationship.					
45. Just the passage of time solves most things.					

Client ID#: _____ Date: _____

MY FAMILY HISTORY

We'd like to ask you some questions about stresses and supports you experienced as a child growing up in your family. Please answer these questions as honestly as you can. For the following items answer the degree to which you agree or disagree with each item by checking the box under Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. The family I grew up in struggled financially.					
2. I was physically abused by my parent(s).					
3. My relationships with my siblings were not close.					
4. I was sexually abused or molested in my family.					
5. My family home was a place of instability and insecurity.					
6. My family moved too often.					
7. My parents were not affectionate toward me.					
8. One or both of my parents were alcoholic.					
9. My parents were unhappy with one another.					
10. I never really trusted my parents.					
11. My parents had no faith in my abilities.					
12. My parents didn't praise me very much.					
13. My parents didn't often show me that they loved me.					
14. I was lonely as a child.					
15. My parents didn't protect me from danger very well.					
16. We didn't travel very much together as a family.					
17. Growing up I could never talk to my parents about my feelings.					
18. My home was very chaotic.					
19. My parents used unnecessarily strict and harsh discipline.					
20. It was never okay for me to tell my parents what my needs were.					
21. I was not accepted by my peers.					
22. My parents would use shame, or belittle me.					
23. There was no love and affection expressed in my family.					
24. Ours was not a child-centered home.					
25. The kids were ignored by my parents.					

Client ID#: _____ Date: _____

MY FAMILY HISTORY (<i>continued</i>)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
26. There was lots of rivalry between my siblings.					
27. My home was not open socially to guests and visitors.					
28. My parent(s) used illicit drugs or alcohol.					
29. My parents forced me to do a lot of chores.					
30. There was a lot of conflict in my family.					
31. My parents gave me very little freedom to explore my interests.					
32. I experienced cruelty from my family.					
33. I witnessed violence between my parents or adults in my family.					
34. I had no supportive teachers at school.					
35. I didn't have a sense of belonging in my family.					
36. I experienced abuse or bullying from peers at school.					
37. My parents were not understanding and empathic toward my feelings.					
38. My father was not present, or absent a lot.					
39. My parents were emotionally volatile.					
40. I often got blamed when something went wrong at school.					
41. I had no good friends growing up.					
42. My parents rarely came to my own special events.					
43. My parents had bad temper outbursts.					
44. I didn't get the attention I needed growing up.					
45. My father was a cold person.					
46. My parents were neglectful.					
47. I was not accepted by my peers.					
48. My parents never really knew me well.					
49. There was a lot of tension in my home growing up.					
50. My mother was a cold person.					
51. I was given few choices as a kid.					
52. I was physically hungry as a kid.					
53. I never really got know my father.					
54. I rarely look forward to family gatherings or visits from relatives.					
55. We are not a strong or unified family.					

Client ID#: _____ Date: _____

MY FAMILY HISTORY (<i>continued</i>)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
56. I never took fun vacations with my family.					
57. My family was not emotionally expressive.					
58. My parents were strict and authoritarian.					
59. I dislike some of my brothers or sisters.					
60. I am competitive with one or more of my siblings.					
61. My family was not active in the community.					
62. It was never okay for me to make mistakes.					
63. I was compared unfavorably to others by my parents.					
64. My parents were too perfectionist.					
65. My mother and father were critical of me.					
66. We did not usually eat together as a family.					
67. We rarely had fun family holidays together.					
68. My preferences as a kid were usually ignored.					
69. My birthdays were never well celebrated.					
70. My siblings were not given preference over me.					
71. My parents' discipline was inconsistent.					
72. My parents were financially stingy toward me.					
73. There was no music in our home.					
74. There was no laughter in my home growing up.					
75. I couldn't usually come to my parents and ask for help.					
76. I rarely had friends over to my house.					
77. We rarely had fun together as a family.					
78. We rarely played together as a family.					
79. If I had a problem as a kid, I usually kept it to myself.					

Client ID#: _____ Date: _____

Gottman Emotional Abuse Questionnaire (EAQ)

Read each statement and check the appropriate TRUE or FALSE box.

	TRUE	FALSE
1. I have to do things to avoid my partner's jealousy.	<input type="checkbox"/>	<input type="checkbox"/>
2. My partner tries to control who I spend my time with.	<input type="checkbox"/>	<input type="checkbox"/>
3. My partner repeatedly accuses me of flirting with other people.	<input type="checkbox"/>	<input type="checkbox"/>
4. My partner is overly suspicious that I am unfaithful.	<input type="checkbox"/>	<input type="checkbox"/>
5. My partner acts like a detective, looking for clues that I've done something wrong.	<input type="checkbox"/>	<input type="checkbox"/>
6. My partner keeps me from going places I want to go.	<input type="checkbox"/>	<input type="checkbox"/>
7. My partner threatens to take the money if I don't do as I am told.	<input type="checkbox"/>	<input type="checkbox"/>
8. My partner forcibly tries to restrict my movements.	<input type="checkbox"/>	<input type="checkbox"/>
9. My partner tries to control all my money.	<input type="checkbox"/>	<input type="checkbox"/>
10. My partner tries to control all my freedom.	<input type="checkbox"/>	<input type="checkbox"/>
11. My partner tries to convince other people that I'm crazy.	<input type="checkbox"/>	<input type="checkbox"/>
12. My partner has told me that I am sexually unattractive.	<input type="checkbox"/>	<input type="checkbox"/>
13. My partner insults my family.	<input type="checkbox"/>	<input type="checkbox"/>
14. My partner humiliates me in front of others.	<input type="checkbox"/>	<input type="checkbox"/>
15. My partner makes me do degrading things.	<input type="checkbox"/>	<input type="checkbox"/>
16. My partner intentionally does things to scare me.	<input type="checkbox"/>	<input type="checkbox"/>
17. My partner threatens me physically during arguments.	<input type="checkbox"/>	<input type="checkbox"/>
18. My partner warns me that if I keep doing something, violence will follow.	<input type="checkbox"/>	<input type="checkbox"/>
19. My partner makes me engage in sexual practices I consider perverse.	<input type="checkbox"/>	<input type="checkbox"/>
20. In bed, my partner makes me do things I find repulsive.	<input type="checkbox"/>	<input type="checkbox"/>
21. I feel pressured to have sex when I don't want to.	<input type="checkbox"/>	<input type="checkbox"/>
22. My partner threatens to hurt someone I care about.	<input type="checkbox"/>	<input type="checkbox"/>
23. My partner intentionally damages things I care about.	<input type="checkbox"/>	<input type="checkbox"/>
24. My partner does cruel things to pets or other animals.	<input type="checkbox"/>	<input type="checkbox"/>
25. My partner threatens to hurt my children.	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

Control, Fear, Suicide Potential, and Acts of Physical Aggression Questionnaires

Control

In the past 6 months did your partner:

	YES	NO
1. Try to control your every move?	<input type="checkbox"/>	<input type="checkbox"/>
2. Withhold money, make you ask for money, or take your money?	<input type="checkbox"/>	<input type="checkbox"/>
3. Threaten to kill you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Threaten to hurt your family, friends, or pets?	<input type="checkbox"/>	<input type="checkbox"/>
5. Refuse to take responsibility for violent behavior, putting the blame on you?	<input type="checkbox"/>	<input type="checkbox"/>
6. Try to isolate you by keeping you away from your family or friends?	<input type="checkbox"/>	<input type="checkbox"/>
7. Stalk or harass you or someone else at work or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>

Fear

People Who Fear Their Partner as a Potential Result of Therapy

	YES	NO
1. Are you afraid of your partner?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you uncomfortable talking in front of your partner?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you worry that therapy might lead to violence?	<input type="checkbox"/>	<input type="checkbox"/>

Suicide Potential

	YES	NO
1. Have you ever attempted suicide ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever planned a suicide attempt ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently thinking about suicide ?	<input type="checkbox"/>	<input type="checkbox"/>
How often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly		
4. Does the following describe you at the moment?		
"I would like to kill myself"	<input type="checkbox"/>	<input type="checkbox"/>
"I would kill myself if I had a chance"	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you currently have a suicide plan?	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

Acts of Physical Aggression

In the past 6 months has your partner:

	Yes Without Injury	Yes With Injury	No	Comments
1. Slapped you?				
2. Hit you?				
3. Kicked you?				
4. Bit you?				
5. Scratched you?				
6. Shoved you?				
7. Tripped you?				
8. Whacked you?				
9. Knocked you down?				
10. Twisted your arm?				
11. Pushed you?				
12. Pulled your hair?				
13. Poked you?				
14. Pinched you?				
15. Strangled you?				
16. Smothered you?				
17. Karate chopped you?				
18. Kneaded you?				
19. Stomped on you?				
20. Slammed you?				
21. Spit on you?				
22. Threw an object at you?				
23. Hit you with an object?				
24. Threatened you with a weapon?				
25. Used a weapon (gun, knife, etc.) against you?				
26. Forced you to have sex?				
27. Raped you?				

Client ID#:

Date:

SCL-90

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, select one of the numbered descriptors that best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST WEEK, INCLUDING TODAY. Circle the number in the space to the right of the problem and do not skip any items. Use the following key to guide how you respond:

Circle 0 if your answer is NOT AT ALL

Circle 1 if A LITTLE BIT

Circle 2 if MODERATELY

Circle 3 if QUITE A BIT

Circle 4 if EXTREMELY

Please read the following example before beginning:

Example: In the previous week, how much were you bothered by:

Backaches	0	①	2	3	4
-----------	---	---	---	---	---

In this case, the respondent experienced backaches a little bit (1).

Please proceed with the questionnaire.

HOW MUCH WERE YOU BOTHERED BY:		NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1.	Headaches	0	1	2	3	4
2.	Nervousness or shakiness inside	0	1	2	3	4
3.	Unwanted thoughts, words, or ideas that won't leave your mind	0	1	2	3	4
4.	Faintness or dizziness	0	1	2	3	4
5.	Loss of sexual interest or pleasure	0	1	2	3	4
6.	Feeling critical of others	0	1	2	3	4
7.	The idea that someone else can control your thoughts	0	1	2	3	4
8.	Feeling others are to blame for most of your troubles	0	1	2	3	4
9.	Trouble remembering things	0	1	2	3	4
10.	Worried about sloppiness or carelessness	0	1	2	3	4
11.	Feeling easily annoyed or irritated	0	1	2	3	4
12.	Pains in heart or chest	0	1	2	3	4
13.	Feeling afraid in open spaces or on the streets	0	1	2	3	4
14.	Feeling low in energy or slowed down	0	1	2	3	4
15.	Thoughts of ending your life	0	1	2	3	4
16.	Hearing voices that other people do not hear	0	1	2	3	4
17.	Trembling	0	1	2	3	4
18.	Feeling that most people cannot be trusted	0	1	2	3	4
19.	Poor appetite	0	1	2	3	4

Client ID#: _____ Date: _____

SCL-90 (continued)

HOW MUCH WERE YOU BOTHERED BY:		NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
20.	Crying easily	0	1	2	3	4
21.	Feeling shy or uneasy with the opposite sex	0	1	2	3	4
22.	Feeling of being trapped or caught	0	1	2	3	4
23.	Suddenly scared for no reason	0	1	2	3	4
24.	Temper outbursts that you could not control	0	1	2	3	4
25.	Feeling afraid to go out of your house alone	0	1	2	3	4
26.	Blaming yourself for things	0	1	2	3	4
27.	Pains in lower back	0	1	2	3	4
28.	Feeling blocked in getting things done	0	1	2	3	4
29.	Feeling lonely	0	1	2	3	4
30.	Feeling blue	0	1	2	3	4
31.	Worrying too much about things	0	1	2	3	4
32.	Feeling no interest in things	0	1	2	3	4
33.	Feeling fearful	0	1	2	3	4
34.	Your feelings being easily hurt	0	1	2	3	4
35.	Other people being aware of your private thoughts	0	1	2	3	4
36.	Feeling others do not understand you or are unsympathetic	0	1	2	3	4
37.	Feeling that people are unfriendly or dislike you	0	1	2	3	4
38.	Having to do things very slowly to insure correctness	0	1	2	3	4
39.	Heart pounding or racing	0	1	2	3	4
40.	Nausea or upset stomach	0	1	2	3	4
41.	Feeling inferior to others	0	1	2	3	4
42.	Soreness of your muscles	0	1	2	3	4
43.	Feeling that you are watched or talked about by others	0	1	2	3	4
44.	Trouble falling asleep	0	1	2	3	4
45.	Having to check and double-check what you do	0	1	2	3	4
46.	Difficulty making decisions	0	1	2	3	4
47.	Feeling afraid to travel on buses, subways, trains	0	1	2	3	4
48.	Trouble getting your breath	0	1	2	3	4
49.	Hot or cold spells	0	1	2	3	4
50.	Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4
51.	Your mind going blank	0	1	2	3	4
52.	Numbness or tingling in parts of your body	0	1	2	3	4
53.	A lump in your throat	0	1	2	3	4
54.	Feeling hopeless about the future	0	1	2	3	4
55.	Trouble concentrating	0	1	2	3	4

Client ID#: _____ Date: _____

SCL-90 (continued)

HOW MUCH WERE YOU BOTHERED BY:		NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
56.	Feeling weak in parts of your body	0	1	2	3	4
57.	Feeling tense or keyed up	0	1	2	3	4
58.	Heavy feelings in your arms or legs	0	1	2	3	4
59.	Thoughts of death or dying	0	1	2	3	4
60.	Overeating	0	1	2	3	4
61.	Feeling uneasy when people are watching or talking about you	0	1	2	3	4
62.	Having thoughts that are not your own	0	1	2	3	4
63.	Having urges to beat, injure, or harm someone	0	1	2	3	4
64.	Awakening in the early morning	0	1	2	3	4
65.	Having to repeat the same actions such as touching, counting, washing	0	1	2	3	4
66.	Sleep that is restless or disturbed	0	1	2	3	4
67.	Having urges to break or smash things	0	1	2	3	4
68.	Having ideas or beliefs that others do not share	0	1	2	3	4
69.	Feeling very self-conscious with others	0	1	2	3	4
70.	Feeling uneasy in crowds, such as shopping or at a movie	0	1	2	3	4
71.	Feeling everything is an effort	0	1	2	3	4
72.	Spells of terror or panic	0	1	2	3	4
73.	Feeling uncomfortable about eating or drinking in public	0	1	2	3	4
74.	Getting into frequent arguments	0	1	2	3	4
75.	Feeling nervous when you are left alone	0	1	2	3	4
76.	Others not giving you proper credit for your achievements	0	1	2	3	4
77.	Feeling lonely even when you are with people	0	1	2	3	4
78.	Feeling so restless you couldn't sit still	0	1	2	3	4
79.	Feelings of worthlessness	0	1	2	3	4
80.	Feeling that familiar things are strange or unreal	0	1	2	3	4
81.	Shouting or throwing things	0	1	2	3	4
82.	Feeling afraid you will faint in public	0	1	2	3	4
83.	Feeling that people will take advantage of you if you let them	0	1	2	3	4
84.	Having thoughts about sex that bother you a lot	0	1	2	3	4
85.	The idea that you should be punished for your sins	0	1	2	3	4
86.	Feeling pushed to get things done	0	1	2	3	4
87.	The idea that something serious is wrong with your body	0	1	2	3	4
88.	Never feeling close to another person	0	1	2	3	4
89.	Feelings of guilt	0	1	2	3	4
90.	The idea that something is wrong with your mind	0	1	2	3	4

Reference: Derogatis, L.R., Lipman, R.S., & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale—Preliminary Report. *Psychopharmacol. Bull.* 9, 13–28.

Client ID#: _____ Date: _____

The CAGE Questionnaire Adapted to Include Drugs (CAGE-AID)

	YES	NO
1. Have you felt you ought to cut down on your drinking or drug use?		
2. Have people annoyed you by criticizing your drinking or drug use?		
3. Have you felt bad or guilty about your drinking or drug use?		
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?		

Brief Michigan Alcohol Screening Test (b-MAST)

Carefully read each statement and decide if your answer is "Yes" or "No". Then check the appropriate box beside the question.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

	YES	NO
1. Do you feel that you are a normal drinker?		
2. Do friends or relatives think you are a normal drinker?		
3. Have you ever attended a meeting of Alcoholics Anonymous (AA)?		
4. Have you ever lost friends or girlfriends/boyfriends because of your drinking?		
5. Have you ever gotten into trouble at work because of your drinking?		
6. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?		
7. Have you ever had delirium tremes (DTs), severe shaking, after heavy drinking?		
8. Have you ever gone to anyone for help about your drinking?		
9. Have you ever been in a hospital because of drinking?		
10. Have you ever been arrested for drunken driving, or driving after drinking?		