

Name _____

Date _____

Couple Questionnaire

Please circle the number corresponding to how you have felt about your relationship with your partner *in the month before deciding to come to therapy.* (from Funk & Rogge, 2007)

1. Please indicate the degree of happiness, all things considered, of your relationship.

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect	
0	1	2	3	4	5	6	
		Not at all TRUE	A little TRUE	Some- what TRUE	Mostly TRUE	Almost Completely TRUE	Completely TRUE

2. I have a warm and comfortable relationship with my partner

0	1	2	3	4	5	
	Not at all	A little	Some- what	Mostly	Almost Completely	Completely

3. How rewarding is your relationship with your partner?

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

4. In general, how satisfied are you with your relationship?

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

5. Please rate your commitment to this relationship on the following scales

	Not at all	A little	Some- what	Mostly	Certainly
a. I want my relationship to succeed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I will do all I can to make it succeed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Many people, at one time or another, get physical with their partners when they're angry. For example, some people threaten to hurt their partners, some push or shove, and some slap or hit. Put a check by any items which have occurred in the **last year**. Therapists will review your responses and discuss them with you as relevant (from O'Leary & Iverson).

- a. ____ When my partner and I had a disagreement or argument, I engaged in an act of physical aggression against my partner such as pushing, slapping, shoving, hitting, beating, or some other act of aggression.
- b. ____ When my partner and I had a disagreement or argument, my partner engaged in an act of physical aggression against me such as pushing, slapping, shoving, hitting, beating, or some other act of aggression.
- c. ____ All things considered, I did not feel I could express my opinion at times without fear of physical reprisal from my partner (e.g., partner physically punishing me for what I have said).

Please describe a recent interaction between you and your partner that is typical of the problems for which you have come to therapy.

8. Please describe a recent interaction between you and your partner that is typical of the positive features that are still part of your relationship.

Problem Areas Questionnaire
(Heavey, Malamuth, & Christensen, 1995)

Name _____

Date: _____

The following is a list of areas in which couples are often dissatisfied or have disagreements about each other's behavior. Please fill in the bubble which represents how dissatisfied you are with how each of the following areas is handled in your relationship.

	Completely Dissatisfied/unhappy					Completely Satisfied/happy	
1. Handling family finances.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Children or parenting.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Demonstrations of affection.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sex relations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Career/job decisions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Household tasks.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trust or jealousy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Dealing with in-laws/parents/relatives.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Recreation-leisure time together.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Drugs or alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Religion.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Moodiness/temper/emotionality.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Aims, goals, priorities, major decisions in life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Appropriate behavior or appearance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now circle the numbers of the three most important areas that you would like to work on in therapy.

	Not at all	A little	Some- what	Mostly	Almost Completely	Completely
How rewarding is your relationship with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well does your partner meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent has your relationship met your original expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, how satisfied are you with your relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Worse than all others (Extremely bad)			Better than all others (Extremely good)		
How good is your relationship compared to most?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
Do you enjoy your partner's company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you and your partner have fun together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following items, select the answer that best describes how you feel about your relationship. Base your responses on your first impressions and immediate feelings about the item.

INTERESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BORING
BAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD
FULL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMPTY
LONELY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRIENDLY
STURDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRAGILE
DISCOURAGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOPEFUL
ENJOYABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MISERABLE