



- 11) List five qualities that initially attracted you to your spouse/partner:
- Does your spouse/partner still have this trait?
- A) \_\_\_\_\_  Yes  No
- B) \_\_\_\_\_  Yes  No
- C) \_\_\_\_\_  Yes  No
- D) \_\_\_\_\_  Yes  No
- E) \_\_\_\_\_  Yes  No
- 12) List four negative concerns that you initially had in the relationship:
- Does your spouse/partner still have this trait?
- A) \_\_\_\_\_  Yes  No
- B) \_\_\_\_\_  Yes  No
- C) \_\_\_\_\_  Yes  No
- D) \_\_\_\_\_  Yes  No
- 13) List five present positive attributes of your spouse/partner:
- Do you often praise your spouse/partner for this?
- A) \_\_\_\_\_  Yes  No
- B) \_\_\_\_\_  Yes  No
- C) \_\_\_\_\_  Yes  No
- D) \_\_\_\_\_  Yes  No
- E) \_\_\_\_\_  Yes  No
- 14) List five present negative attributes of your spouse/partner:
- Do you nag your spouse or partner about this trait?
- A) \_\_\_\_\_  Yes  No
- B) \_\_\_\_\_  Yes  No
- C) \_\_\_\_\_  Yes  No
- D) \_\_\_\_\_  Yes  No
- E) \_\_\_\_\_  Yes  No
- 15) List five things that you do (or could do) to make the marriage/relationship more fulfilling for your spouse/partner:
- Do you often implement this behavior?
- A) \_\_\_\_\_  Yes  No
- B) \_\_\_\_\_  Yes  No
- C) \_\_\_\_\_  Yes  No
- D) \_\_\_\_\_  Yes  No
- E) \_\_\_\_\_  Yes  No
- 16) List five things that your spouse/partner does (or could do) to make the marriage/relationship more fulfilling for you:
- Does your spouse/partner often implement this behavior?
- A) \_\_\_\_\_  Yes  No
- B) \_\_\_\_\_  Yes  No
- C) \_\_\_\_\_  Yes  No
- D) \_\_\_\_\_  Yes  No
- E) \_\_\_\_\_  Yes  No
- 17) List five expectations or dreams you had about marriage/relationship before you marrying/committing/considering commitment to your spouse/partner:
- Have these been fulfilled?
- A) \_\_\_\_\_  Yes  No
- B) \_\_\_\_\_  Yes  No
- C) \_\_\_\_\_  Yes  No
- D) \_\_\_\_\_  Yes  No
- E) \_\_\_\_\_  Yes  No

18) On a scale of 1 to 5 rate the following items as they pertain to:

- A) The present state of the relationship
- B) Your need or desire for it
- C) Your spouse's need or desire for it

**CIRCLE THE APPROPRIATE RESPONSE FOR EACH**

	Present State of the Relationship					Your Need or Desire					Spouse/Partner's Need or Desire				
	Poor				Great	Low				High	Low				High
A) Affection	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
B) Childrearing rules	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
C) Commitment together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
D) Communication	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
E) Emotional closeness	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
F) Financial security	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
G) Honesty	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
H) Housework sharing	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
I) Love	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
J) Physical attraction	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
K) Religious commitment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
L) Respect	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
M) Sexual fulfillment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
N) Social life together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
O) Time together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
P) Trust	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other (specify)															
Q) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
R) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
S) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
T) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

19) Which partner spends more time conducting the following activities?:

**CIRCLE THE APPROPRIATE RESPONSE FOR EACH.**

M=Me, S=Spouse/Partner, E=Equal time

Is this equitable (fair)?

Comments

A) Auto repairs	M	S	E	_____Yes	_____No	
B) Child care	M	S	E	_____Yes	_____No	
C) Child discipline	M	S	E	_____Yes	_____No	
D) Cleaning bathrooms	M	S	E	_____Yes	_____No	
E) Cooking	M	S	E	_____Yes	_____No	
F) Employment	M	S	E	_____Yes	_____No	
G) Grocery shopping	M	S	E	_____Yes	_____No	
H) House cleaning	M	S	E	_____Yes	_____No	
I) Inside repairs	M	S	E	_____Yes	_____No	
J) Laundry	M	S	E	_____Yes	_____No	
K) Making bed	M	S	E	_____Yes	_____No	
L) Outside repairs	M	S	E	_____Yes	_____No	
M) Recreational events	M	S	E	_____Yes	_____No	
N) Social activities	M	S	E	_____Yes	_____No	
O) Sweeping kitchen	M	S	E	_____Yes	_____No	
P) Taking out garbage	M	S	E	_____Yes	_____No	
Q) Washing dishes	M	S	E	_____Yes	_____No	

- R) Yard work M S E \_\_\_\_\_Yes \_\_\_\_\_No  
 S) Other \_\_\_\_\_ M S E \_\_\_\_\_Yes \_\_\_\_\_No  
 T) Other \_\_\_\_\_ M S E \_\_\_\_\_Yes \_\_\_\_\_No

20) If some of the following behaviors take place only during MILD arguments circle an “M” in the appropriate blanks. If they take place only during SEVERE arguments, circle an “S.” If they take place during ALL arguments circle an “A.” Fill this out for you and your impression of your spouse. If certain behaviors do not take place, leave them blank.

**CIRCLE THE APPROPRIATE RESPONSE FOR EACH.**

M=Mild arguments only, S=Severe arguments only, A=All arguments

<u>BEHAVIOR</u>	<u>BY ME</u>	<u>BY SPOUSE</u>	<u>SHOULD THIS CHANGE?</u>	
A) Apologize	M S A	M S A	_____Yes	_____No
B) Become silent	M S A	M S A	_____Yes	_____No
C) Bring up the past	M S A	M S A	_____Yes	_____No
D) Criticize	M S A	M S A	_____Yes	_____No
E) Cruel accusations	M S A	M S A	_____Yes	_____No
F) Cry	M S A	M S A	_____Yes	_____No
G) Destroy property	M S A	M S A	_____Yes	_____No
H) Leave the house	M S A	M S A	_____Yes	_____No
I) Make peace	M S A	M S A	_____Yes	_____No
J) Moodiness	M S A	M S A	_____Yes	_____No
K) Not listen	M S A	M S A	_____Yes	_____No
L) Physical abuse	M S A	M S A	_____Yes	_____No
M) Physical threats	M S A	M S A	_____Yes	_____No
N) Sarcasm	M S A	M S A	_____Yes	_____No
O) Scream	M S A	M S A	_____Yes	_____No
P) Slam doors	M S A	M S A	_____Yes	_____No
Q) Speak irrationally	M S A	M S A	_____Yes	_____No
R) Speak rationally	M S A	M S A	_____Yes	_____No
S) Sulk	M S A	M S A	_____Yes	_____No
T) Swear	M S A	M S A	_____Yes	_____No
U) Threaten divorce	M S A	M S A	_____Yes	_____No
V) Threaten to take kids	M S A	M S A	_____Yes	_____No
W) Throw things	M S A	M S A	_____Yes	_____No
X) Verbal abuse	M S A	M S A	_____Yes	_____No
Y) Yell	M S A	M S A	_____Yes	_____No
Z) _____	M S A	M S A	_____Yes	_____No
Z1) _____	M S A	M S A	_____Yes	_____No
Z2) _____	M S A	M S A	_____Yes	_____No

21) How often do you have MILD ARGUMENTS? \_\_\_\_\_  
 SEVERE ARGUMENTS? \_\_\_\_\_

22) When a **MILD** argument is over how do you usually feel?

**CHECK APPROPRIATE RESPONSES**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry     | <input type="checkbox"/> Lonely     |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Nauseous   |
| <input type="checkbox"/> Childish  | <input type="checkbox"/> Numb       |
| <input type="checkbox"/> Defeated  | <input type="checkbox"/> Regretful  |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved   |
| <input type="checkbox"/> Guilty    | <input type="checkbox"/> Stupid     |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless  | <input type="checkbox"/> Worthless  |
| <input type="checkbox"/> Irritable |                                     |

23) When a **SEVERE** argument is over how do you usually feel?

**CHECK APPROPRIATE RESPONSES**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry     | <input type="checkbox"/> Lonely     |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Nauseous   |
| <input type="checkbox"/> Childish  | <input type="checkbox"/> Numb       |
| <input type="checkbox"/> Defeated  | <input type="checkbox"/> Regretful  |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved   |
| <input type="checkbox"/> Guilty    | <input type="checkbox"/> Stupid     |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless  | <input type="checkbox"/> Worthless  |
| <input type="checkbox"/> Irritable |                                     |

24) Which of the following issues or behaviors of you and/or your spouse/partner may be attributable to your relationship or personal conflicts? If an item does not apply, leave it blank.

**CIRCLE THE APPROPRIATE RESPONSES.**

**M** = My behavior, **S** = Spouse/Partner's behavior, **B** = Both

Alcohol consumption	M S B	Perfectionist	M S B
Childishness	M S B	Possessive	M S B
Controlling	M S B	Spends too much	M S B
Defensiveness	M S B	Steals	M S B
Degrading	M S B	Stubbornness	M S B
Demanding	M S B	Uncaring	M S B
Drugs	M S B	Unstable	M S B
Flirts with others	M S B	Violent	M S B
Gambling	M S B	Withdrawn	M S B
Irresponsibility	M S B	Works too much	M S B
Lies	M S B	Other (specify)	
Past marriage(s)	M S B	_____	M S B
Other's advice	M S B	_____	M S B
Outside interests	M S B	_____	M S B
Past failures	M S B	_____	M S B

25) In the remaining space please provide additional information that would be helpful (please feel free to use the other side of this sheet if you run out of room):

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I, \_\_\_\_\_, hereby indicate my understanding and give my permission for my couples/marital/relationship therapist to share the information that I provide on this form to \_\_\_\_\_ (spouse/partner) when it is deemed appropriate by our therapist.

\_\_\_\_\_  
Client's Signature