

Name: _____ Date: _____

Couple Screening Form

Directions: ✓ Check the items that apply

MOODS: (ex. irritability, depression etc.)

___ My moods are a problem to the relationship. how?:

___ My partner's moods are a problem to the relationship. how?:

ALCOHOL and SUBSTANCE USE

___ My use of alcohol is excessive

___ My use of prescription or illegal drugs is a problem

___ My partner's uses alcohol excessively

___ My partner's use of prescription or illegal drugs is a problem

AGGRESSION

___ My temper adversely affects our relationship

___ I have been verbally abusive to my partner

___ I have been physically abusive to my partner

___ My partner's temper adversely affects our relationship

___ My partner has been verbally abusive to me

___ My partner has been physically abusive to me

___ Our fights and arguments are very destructive to our relationship.

AFFAIRS

___ I have had an affair during our relationship (or an inappropriate outside relationship).

___ I am currently having an affair (or an inappropriate outside relationship).

___ My partner has had an affair during our relationship (or an inappropriate outside relationship).

___ My partner is currently having an affair (or an inappropriate outside relationship).

SATISFACTION AND COMMITMENT

___ % I am committed to staying in our relationship.

___ % Overall how satisfied are you now with your relationship?

in percentage terms, now strongly do you agree with the statements below.

Use this scale to answer the questions below.

0	25%	50%	75%	100%
Not at all	Slightly	Moderately	Very	Extremely

- _____ % I feel disorganized by all this negative emotion.
- _____ % I can't think straight when my partner gets so negative.
- _____ % Talking things over with my partner only seems to make them worse.
- _____ % I have little confidence that we can discuss a significant problem without fighting.
- _____ % I am basically unhappy with my relationship.
- _____ % I have often felt like leaving my partner.
- _____ % I often don't feel close to my partner.
- _____ % I'm not satisfied with our sex life.
- _____ % I feel lonely in our relationship.
- _____ % I feel we are disconnected.
- _____ % My partner and I live pretty separate lives.
- _____ % I confide in a special person outside of our relationship. Who?
- _____ % There are specific events in our relationship which I am having trouble getting over.
What?
- _____ % In spite of all our problems, I believe that my partner really cares about me.

Name: _____ Date: _____

Individual Problem Checklist

Directions:

Put a number next to any item which you experience. 1 = mildly, 2 = moderately, 3 = severely

Emotional Concerns

- feeling anxious or uptight
- excessive worrying
- not being able to relax
- feeling panicky
- unable to calm yourself down
- dwelling on certain thoughts or images
- fearing something terrible about to happen
- avoiding certain thoughts or feelings
- having strong fears
- worrying about a nervous breakdown
- feeling out of control
- avoiding being with people
- fears of being alone or abandoned
- feeling guilty
- having nightmares
- flashbacks
- troubling or painful memories
- missing periods of time - can't remember
- trouble remembering things
- feeling numb instead of upset
- feeling detached from all or part of body
- feeling unreal, strange or foggy

- feeling depressed or sad
- being tired or lacking energy
- feeling unmotivated
- loss of interest in many things
- having trouble concentrating
- having trouble making decisions
- feeling the future looks hopeless
- feeling worthless or a failure
- being unhappy all the time
- dissatisfied with physical appearance
- feeling self critical or blaming yourself
- having negative thoughts
- crying often
- feeling empty
- withdrawing inside yourself
- thinking too much about death
- thoughts of hurting yourself
- thoughts of killing yourself
- frequent mood swings
- feeling resentful or angry
- feeling irritable or frustrated
- feeling rage
- feeling like hurting someone

Behavioral and Physical Concerns

- not having an appetite
- eating in binges
- self induced vomiting for weight control
- using laxatives for weight control
- eating too much
- eating too little
- losing weight - how much? _____
- gaining weight - how much? _____
- trouble sleeping
- trouble falling asleep
- early morning awakening
- sleeping too much
- sleeping too little
- # of hours I usually sleep: _____
- lack of exercise
- not having leisure activities
- smoking cigarettes
- often spending in binges
- temper outbursts

- aggressive toward others
- impulsive reactions
- trouble finishing things
- working too hard
- using alcohol too much
- being alcoholic
- using drugs
- driving under the influence
- blackouts - after drinking

Yes No Have you ever felt you ought to cut down on your drinking or drug use?

Yes No Have people annoyed you by criticizing your drinking or drug use?

Yes No Have you ever felt bad or guilty about your drinking or drug use?

Yes No 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?

Intimate Relationship Concerns

- feeling misunderstood in relationship
- not feeling close to partner
- trouble communicating with partner
- not trusting partner
- lack of respect by partner
- partner being secretive

- lack of fairness in relationship
- problems with dividing household tasks
- disagreeing about children
- lack of affection
- unsatisfactory sexual relationship
- lack of time together
- lack of shared interests
- lack of positive interaction

- lack of time with other couples
- jealousy in relationship
- frequent arguments
- trouble resolving conflict
- partner being demanding and controlling
- partner putting you down
- violent arguments
- emotional abuse in relationship
- physical abuse in relationship
- sexual abuse in relationship

- partner having alcohol or drug problem
- self or partner having an affair
- feeling uncommitted to relationship
- wanting to separate
- discussing separating or divorce
- problems with in-laws
- problems with ex-partner
- problems with step parents
- children having special problems

Sexual Concerns

- worrying about getting pregnant
- having miscarriage(s)
- choice of birth control
- having an abortion
- not able to become pregnant
- not enjoying sexual affection
- too tired to have sex

- too anxious to have sex
- feeling a lack of sexual desire
- wanting to have sex more often
- feeling neglected sexually
- feeling used sexually
- feeling unable to have orgasm
- being unable to sustain an erection
- feeling negatively about sex

When Growing Up to Present Time:

- being physically abused - by whom?
- being emotionally abused - by whom?
- being sexually abused - by whom?
- having an alcoholic parent - which?
- having a drug abusing parent - which?
- having a depressed parent - which?
- having a parent with emotional problems
- having parents separate or divorce

- close family member dying - who?
- felt neglected or unloved - by whom?
- having an unhappy childhood
- having serious medical problems - what?
- having drug or alcohol problem
- frequent moves
- having learning problems - what?
- having emotional problems
- having attempted suicide - when?

Stresses During the Past Several Years:

- death of family member or friend - who?
- birth or adoption of child
- self or family member hospitalized - who?
- moved
- being harassed or assaulted
- frequent family or couple arguments
- separation/divorce

- an important relationship ending - who?
- losing or changing job
- financial trouble
- legal problems
- natural disaster
- serious or chronic illness -what: _____
- other

Please State Your Goals for Therapy:

1. _____
2. _____
3. _____

Additional Comments:

Name: _____

When We Are Not Getting Along: My Feelings, Thoughts and Behaviors

✓ Check all the statements that reflect the way you feel or what you do when you and your partner are fighting or not getting along. Look back over the list and circle a few to indicate the most important items.

What I Do.....

I criticize
I attack
I blame
I defend
I analyze
I rationalize
I get quiet
I become cold or aloof
I clam up
I withdraw
I avoid conflict
I leave

What I Feel

I feel scared.
I feel afraid.
I feel hurt
I feel vulnerable
I feel worried or nervous.
I feel disappointed.
I feel let down.
I feel sad.
I feel alone or lonely.
I feel hopeless.
I feel down or depressed.
I feel empty.
I feel disconnected.
I feel isolated.
I feel ignored.
I feel shut out or pushed away.
I feel rejected.
I feel abandoned.
I feel misunderstood.
I feel my partner is never there for me.
I feel frustrated.
I feel angry.
I feel like getting back.
I feel like protecting myself.
I feel guarded.
I feel like clinging to my partner.
I feel flooded with emotion.
I feel unable to calm myself down
I feel overwhelmed.
I feel confused.
I feel unable to focus my thoughts.
I feel blank.
I feel numb
I have trouble putting thoughts into words.
I feel smothered.

I feel it's always my fault.
I feel judged.
I feel blamed or criticized.
I feel put down.
I feel I don't know what I have done.
I feel analyzed.
I feel invalidated.
I feel discounted.
I feel attacked.
I feel controlled.
I feel intimidated.
I feel dismissed or "blown off".
I feel uncared for or unwanted.
I feel unlovable.
I feel unattractive.
I feel unimportant.
I feel inadequate.
I feel small or insignificant.
I feel I don't matter.
I feel I've failed.
I feel guilty.

In My Body I Feel

I feel my heart speeding up.
I feel tense somewhere in my body.
I feel uneasy in my stomach.
I feel tightness in my throat.
I feel pressure in my chest.

How We Interact During Conflict

___ I often want to avoid talking about our relationship.
___ During an argument, I become become silent, withdraw and don't want to discuss things.
___ My partner often pushes an issue and won't let it drop.
___ I often want to push my partner to talk about our relationship.
___ I often get angry and critical to get my partner to talk.
___ My partner withdraws a lot and won't face an issue when I want to talk.

Other Feelings: _____

Name _____

Understanding Your Negative Cycle

Couples get caught in “negative cycles” of interaction. A “negative cycle” is a repeating pattern of negative behaviors, thoughts and feelings that causes distress. You react to your partner’s reactions and your partner reacts to your reactions and you go round and round in a never-ending negative cycle. Understanding and untangling your “negative cycles” is a first step in climbing out of distress. The exercise below will help you with this process.

When my partner and I are not getting along:

I often react by (*describe behaviors*)...

My partner often reacts to me by (*describe behaviors*)...

When my partner reacts this way, I often *feel*...

When I feel this way I, see myself as....

When I feel this way I long for or need...

When I react the way I do, I guess that my partner feels...

Describe your repeating negative cycle (*include how you and your partner trigger each other’s feelings, thoughts and behaviors*)...

1. To whom did you go for comfort when you were young? _____

2. Could you always count on this person/these people for comfort? _____

3. When were you most likely to be comforted by this person/these people? _____

4. How did you let this person/these people know that you needed connection and comfort?

5. Did this person/these people ever betray you or were they unavailable at critical times? _____

6. What did you learn about comfort and connection from this person/these people? _____

7. If no one was safe, how did you comfort yourself? How did you learn that people were unsafe? _____

8. Did you ever turn to alcohol, drugs, sex or material things for comfort? _____

9. Have there been times when you have been able to be vulnerable and find comfort with your partner? _____

10. Have there been any particularly traumatic incidences in your previous romantic relationships? _____

11. How have you tried to find comfort in romantic relationships? _____

Name _____ Date _____

Couple Satisfaction Checklist

Place a (✓) check in the box to the right of each relationship category that best describes ***how satisfied you feel.***

	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	✓ Check 3 Areas You Want Most to Change
1. Degree of Closeness, Openness, Confiding, Sharing and Comforting							
2. Expression of Affection and Caring							
3. Satisfaction with Sexual Intimacy							
4. Handling Conflicts and Arguments							
5. Expression of Anger, Criticism or Blame							
6. Handling Family finances							
7. Handling of Parenting Issues							
8. Handling of Household Tasks							
9. Common Interests and Social Life							
10. Degree of Respect and Admiration for Your Partner							
11. Satisfaction with your Role in the Relationship							
12. Satisfaction with your Partner's Role in the Relationship							
13. Overall Satisfaction with Your Relationship							