

Gottman Quiz

Relationship Happiness

Right now, how do you feel?

- | | | | |
|--|-----|---|---|
| I feel emotionally close to my partner. | 1. | T | F |
| I think that my partner really cares about me. | 2. | T | F |
| I feel confident that we can deal with whatever problems or issues that might arise. | 3. | T | F |
| I would consider myself happy in this relationship. | 4. | T | F |
| I feel respected by my partner. | 5. | T | F |
| I am committed to staying in this relationship. | 6. | T | F |
| I have a great deal of respect and admiration for my partner. | 7. | T | F |
| I find my partner very interesting. | 8. | T | F |
| I feel that my partner finds me physically attractive. | 9. | T | F |
| If I ever needed help I could count on my partner. | 10. | T | F |
| My partner really tries hard to meet my needs. | 11. | T | F |
| My partner really listens to me. | 12. | T | F |
| I am satisfied with our sex life. | 13. | T | F |
| I am confident that we can handle any conflict that may arise between us. | 14. | T | F |
| My partner shows pride in my accomplishments. | 15. | T | F |
| I feel appreciated for what I contribute to this relationship. | 16. | T | F |
| I really feel loved in this relationship. | 17. | T | F |
| My partner really knows me well. | 18. | T | F |
| My partner is one of my best friends. | 19. | T | F |
| My partner loves my sense of humor. | 20. | T | F |

Give yourself one point for each item you marked "true." If you scored 11 or above, you are well on your way to a secure bond, and Gottman Therapy can help you enhance your relationship. Below 7 means this is a time to focus on a challenged level of the Sound Relationship House (insert Sound Relationship House diagram).

GOTTMAN AREAS OF STRENGTHS CHECKLIST

Circle the issues that represent areas in your marriage in which you would like to build or increase strength. If it is already a strength in your marriage, *circle the item number and then skip the item*. If it is not a strength but you think it is very important to build strength in that area, circle a "5." Use the numbers in-between 5 and 1 to indicate the importance of the strength in your view (1 = important but not very important, 5 = very important).

I would like us to be able to say about our marriage:

- | | |
|---|-----------|
| 1. We have very good communication. | 1 2 3 4 5 |
| 2. We have a satisfying sex life. | 1 2 3 4 5 |
| 3. We allow one another a lot of independence. | 1 2 3 4 5 |
| 4. Our home is pretty well organized. | 1 2 3 4 5 |
| 5. We are both very involved in this marriage and are a great team. | 1 2 3 4 5 |
| 6. We both help out with household chores. | 1 2 3 4 5 |
| 7. We both try very hard to be good parents and to have good relationships with our children. | 1 2 3 4 5 |
| 8. We have good relationships with our families. | 1 2 3 4 5 |
| 9. We have similar beliefs, basic values, and goals in life. | 1 2 3 4 5 |
| 10. We have similar ideas about how to have a good time and enjoy life. | 1 2 3 4 5 |
| 11. We are very good friends. | 1 2 3 4 5 |
| 12. My partner gives me no reason for feeling jealous. | 1 2 3 4 5 |
| 13. We are very good at helping each other to reduce stress. | 1 2 3 4 5 |
| 14. I feel respected in this marriage. | 1 2 3 4 5 |
| 15. I feel loved in this marriage. | 1 2 3 4 5 |
| 16. I like what I am like in this relationship. | 1 2 3 4 5 |
| 17. We admire one another. | 1 2 3 4 5 |
| 18. I feel fairly confident that we could handle any problem we might face together. | 1 2 3 4 5 |
| 20. I feel secure in this relationship. | 1 2 3 4 5 |
| 21. We get along well with our in-laws. | 1 2 3 4 5 |
| 22. We share similar views about basic religious or philosophical issues. | 1 2 3 4 5 |
| 23. We agree on issues related to children. | 1 2 3 4 5 |
| 24. We have similar views about money. | 1 2 3 4 5 |
| 25. We manage pretty well with the daily stresses of our lives. | 1 2 3 4 5 |
| 26. We have a lot of fun in life. | 1 2 3 4 5 |
| 27. My partner knows and understands me. | 1 2 3 4 5 |
| 28. I have all the independence I need. | 1 2 3 4 5 |
| 29. I like where we are going in the future. | 1 2 3 4 5 |
| 30. Our lives together have purpose and meaning. | 1 2 3 4 5 |
| 31. We have a sense of adventure in our lives. | 1 2 3 4 5 |

KROKOFF-GOTTMAN ENJOYABLE CONVERSATIONS SCALE

Below is a list of topics many couples enjoy talking about. We would like to get some idea of how enjoyable each topic is to you.

Please indicate how enjoyable each topic is by placing a number from 0 to 100 next to each item. A zero indicates that the topic is not at all enjoyable, and a 100 indicates that it is very enjoyable.

For example:

I enjoy talking to my spouse about . . . How enjoyable?

The children 90

This indicates that you think that talking to your spouse about the children is very enjoyable.

I enjoy talking to my spouse about . . . How enjoyable?

Other people we know

Casual and informal types of things

Political and current events

Things that we have to get done around the house

Things happening in town

Silly and fun types of things

Recreation, dates, dinners, parties

Celebrations, holidays, special events

Some good times we've had in the past

The children (or grandchildren)

Our views on different issues

Our accomplishments

Family pets

Something we've recently done together

Our sleep dreams

Our dreams in life

Our plans for the future

Things we've seen on TV, heard, or read about

Vacations we've taken

Please feel free to write down any other conversations you find enjoyable.

LOVE MAPS

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

STATEMENT	RESPONSE
I can name my partner's best friends.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can tell you what stresses my partner is currently facing.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I know the names of some of the people who have been irritating in my partner's current life.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can tell you some of my partner's life dreams.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I am very familiar with my partner's religious beliefs and ideas.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can tell you about my partner's basic philosophy of life.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can list the relatives my partner likes the least.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I know my partner's favorite music.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can list my partner's three favorite movies.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My spouse is familiar with my current stresses.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I know the three times that have been most special in my partner's life.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can tell you the most stressful thing that happened to my partner as a child.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can list my partner's major aspirations and hopes in life.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I know my partner's major current worries.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My spouse knows who my friends are.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I know what my partner would want to do if he or she suddenly won the lottery.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can tell you in detail my first impressions of my partner.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Periodically, I update my knowledge of my partner's world.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I feel that my partner knows me pretty well.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My spouse is familiar with my hopes and aspirations.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)

FONDNESS AND ADMIRATION SYSTEM

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

STATEMENT	RESPONSE
I can easily list the three things I most admire about my partner.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
When we are apart, I often think fondly of my partner.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I often find some way to tell my partner "I love you."	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I often touch or kiss my partner affectionately.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner really respects me.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I feel loved and cared for in this relationship.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I feel accepted and liked by my partner.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner finds me sexy and attractive.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner turns me on sexually.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
There is fire and passion in this relationship.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Romance is something our relationship definitely still has in it.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I am really proud of my partner.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner really enjoys my achievements and accomplishments.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can easily tell you why I married my partner.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
If I had it to do all over again, I would marry the same person.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We rarely go to sleep without some show of love or affection.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
When I come into a room, my partner is glad to see me.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner appreciates the things I do in this marriage.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My spouse generally likes my personality.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Our sex life is generally satisfying.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)

GOTTMAN TURNING TOWARD DURING EVERYDAY EVENTS CHECKLIST

We would like to know how you feel about your spouse's participation during everyday events. During these events your spouse could either be turning away from you emotionally or toward you emotionally. We want you to assess in what areas you want more turning toward you. If an item is not an issue, circle NA.

From the list below, select the most important areas in your life where you would like your spouse to turn toward you more. Turning toward you means that you want greater connection with your spouse, emotionally. If you want more TURNING TOWARD YOU in an area, circle Y for "YES."

1. Reunion at the end of the day and talk about how the day went. Y NA
2. Staying in touch with kin, e.g., calling parents (Mom, Dad, Grandmas) or siblings and in-laws. Y NA
3. Shopping for groceries, making the shopping list. Y NA
4. Cooking dinner, baking. Y NA
5. House cleanups. Y NA
6. Shop together for presents for a friend (e.g., friend's wedding). Y NA
7. Family goes out to breakfast Saturday or Sunday. Y NA
8. Read morning paper together. Y NA
9. Stress reduction conversations (not about the marriage). Y NA
10. Help partner with a self-improvement plan (e.g., a new class, weight loss, exercise, a new career). Y NA
11. Plan a dinner party. Y NA
12. Have a dinner party. Y NA
13. Do laundry. Y NA
14. Fold laundry, put it away. Y NA
15. Call your spouse during the workday. Y NA
16. Think about your spouse during the workday. Y NA
17. Going out on a date with your spouse (no kids). Y NA
18. An overnight with spouse at a romantic place. Y NA
19. Morning breakfast during work week. Y NA
20. Morning bathroom rituals. Y NA
21. Going to a church, mosque, or synagogue together. Y NA
22. Yard work. Y NA
23. Home repair. Y NA
24. Car maintenance and washing. Y NA
25. Shoveling the walk. Y NA
26. Committee work in the community (e.g., volunteering). Y NA
27. Physical workouts together. Y NA

28. Weekend outings (e.g., picnic, drives). Y NA
29. Time with kids—bedtimes, baths, homework. Y NA
30. Time with kids alone (e.g., zoo, museum, out to dinners). Y NA
31. Going to the kids' school (e.g., volunteering, teacher conferences). Y NA
32. Time with kin (parents, in-laws, siblings). Y NA
33. Entertaining visitors from out of town. Y NA
34. Traveling together (plane, bus train, car). Y NA
35. Long drives together. Y NA
36. Rent video and watch it together. Y NA
37. Order dinner in or take out. Y NA
38. Watch TV together. Y NA
39. Double dating with another couple or friends. Y NA
40. Sports events on TV. Y NA
41. Doing a favorite activity together (e.g., bowling, going to the zoo, amusement park, bicycling, hiking, horseback riding, camping, canoeing, sailing, boating, water skiing, swimming). Y NA
42. Build a fire at home. Sit in front of the fire and talk or read. Y NA
43. Listening to music. Y NA
44. Going to a concert. Y NA
45. Going dancing together. Y NA
46. Going to a night club or jazz club. Y NA
47. Going to the theater. Y NA
48. Going out to eat. Y NA
49. Kid's birthday party. Y NA
50. Taking kid to lessons. Y NA
51. Kid's sporting events. Y NA
52. Going to a kid performance (recital, play, etc.). Y NA
53. Paying the bills. Y NA
54. Writing letters or cards. Y NA
55. Buying clothes for self or kids. Y NA
56. Family medical events (taking kids to the doctor, dentist, or emergencies). Y NA
57. Working at home, but still being together in some way. Y NA
58. Going to a community event (e.g., church auction). Y NA
59. Going to a party. Y NA
60. Driving to or from work together. Y NA
61. Major milestone child-oriented events (confirmations, graduations, games, recitals).
Y NA
62. Major milestone non-child-oriented events (e.g., celebrating successes). Y NA

63. Any celebrations. Y NA
64. Shopping: Buying things together that the house needs or you both need. Y NA
65. Having kids' friends over. Y NA
66. Buying toys for kids. Y NA
67. Planning vacations. Y NA
68. Taking vacations. Y NA
69. Making plans, dreaming. Y NA
70. Walking the dog. Y NA
71. Sewing, knitting, crocheting. Y NA
72. Reading out loud together. Y NA
73. Playing a board game or a card game. Y NA
74. Putting on plays or skits together. Y NA
75. Doing errands together on a weekend. Y NA
76. Hobbies: e.g., painting, sculpting, making music. Y NA
77. Talk while drinking (alcohol, coffee or tea). Y NA
78. Going out to your favorite bar or haunt. Y NA
79. Time to just talk without interruptions. Y NA
80. Time when I know I can have my spouse really listen to me. Y NA
81. Visiting friends or family. Y NA
82. Playing together. Y NA
83. Philosophizing together. Y NA
84. Gossiping (talking about other people). Y NA
85. Going to a funeral. Y NA
86. Helping a friend. Y NA
87. Phone calls catching up with people you know. Y NA
88. Visiting a sick friend. Y NA
89. Doing other things to help other people out. Y NA

SHARED MEANINGS QUESTIONNAIRE: HONORING EACH OTHER'S DREAMS

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. When people get married, they create a new culture, and some marriages also involve the union of two very different cultures. But even if two people are coming from the same regional, cultural, ethnic, and religious background, they will have been raised in two very different families, and their merging involves the creation of a new culture.

YOUR RITUALS	RESPONSE
We see eye-to-eye about the rituals that involve family dinnertimes in our home.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Holiday meals (like Thanksgiving, Christmas, Passover) are very special and happy times for us.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Reunions at the end of each day in our home are generally special times in my day.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We agree about the role of TV in our home.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Bedtimes are generally good times for being close.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
During weekends we do a lot of things together that we enjoy and value.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have the same values about entertaining in our home (having friends over, parties, etc.).	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We both value special celebrations (like birthdays, anniversaries, family reunions).	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
When I become sick, I feel taken care of and loved by my spouse.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I really look forward to and enjoy our vacations and the travel we do together.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
The mornings together are special times for me.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
When we do errands together, we generally have a good time.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have ways of becoming renewed and refreshed when we are burned out or fatigued.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)

YOUR ROLES	RESPONSE
We share many similar values in our roles as husband and wife.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We share many similar values in our roles as mother and father.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have many similar views about what it means to be a good friend to others.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner and I have compatible views about the role of work in one's life.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)

YOUR ROLES

RESPONSE

My partner and I have similar philosophies about balancing work and family life.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
My partner supports what I would see as my basic mission in life.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
My partner shares my views on the importance of family and kin (sisters, brothers, moms, dads) in our life together.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)

YOUR GOALS

RESPONSE

We share many of the same goals in our life together.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
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.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
My partner values my accomplishments.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
My partner honors my very personal goals, unrelated to my marriage.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
We share many of the same goals for others who are important to us (children, kin, friends, and community).	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
We have very similar financial goals.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
We tend to have compatible financial disaster scenarios (ones we both want to avoid).	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
Our hopes and aspirations, as individuals and together, for our children, for our life in general, and for our old age are quite compatible.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
Our life dreams tend to be similar or compatible.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
Even when different, we have been able to find a way to honor our life dreams.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)

YOUR SYMBOLS

RESPONSE

We see eye-to-eye about what "home" means.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
Our philosophies of what love ought to be are quite compatible.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
We have similar values about the importance of "peacefulness" in our lives.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
We have similar views about the meaning of "family."	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
We have similar views about the role of sex in our lives.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
We have similar views about the role of love and affection in our lives.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
We have similar values about the meaning of being married.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)
We have similar values about the importance and meaning of money in our lives.	True	<input type="checkbox"/> (1)	False	<input type="checkbox"/> (2)

YOUR SYMBOLS	RESPONSE
We have similar values about the importance of education in our lives.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have similar values about the importance of “fun” and “play” in our lives.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have similar values about the significance of “adventure.”	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have similar values about “trust.”	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have similar values about personal “freedom.”	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have similar values about “autonomy” and “independence.”	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have similar values about sharing “power” in our marriage.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have similar values about being “interdependent,” of being a “we.”	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have similar values about the meaning of “having possessions,” of “owning things” (like cars, nice clothes, books, music, a house, land).	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have similar values about the meaning of “nature” and of our relationship to the seasons.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We are both sentimental and tend to reminisce about things in our past.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We have similar views about what we want in retirement and old age.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)

GOTTMAN LOVE AND RESPECT SCALE

Self-Test:

Is There Enough Love and Respect in Your Marriage?

Answer "yes" or "no" to each of the following statements, depending on whether or not you mostly agree or disagree. Take the test on behalf of your partner also, if necessary.

1. My spouse seeks out my opinions.

YOU: Yes No YOUR PARTNER: Yes No

2. My spouse cares about my feelings.

YOU: Yes No YOUR PARTNER: Yes No

3. I don't feel ignored very often.

YOU: Yes No YOUR PARTNER: Yes No

4. We touch each other a lot.

YOU: Yes No YOUR PARTNER: Yes No

5. We listen to each other.

YOU: Yes No YOUR PARTNER: Yes No

6. We respect each other's ideas.

YOU: Yes No YOUR PARTNER: Yes No

7. We are affectionate toward one another.

YOU: Yes No YOUR PARTNER: Yes No

8. I feel that my partner takes good care of me.

YOU: Yes No YOUR PARTNER: Yes No

9. What I say counts.

YOU: Yes No YOUR PARTNER: Yes No

10. I am important in our decisions.

YOU: Yes No YOUR PARTNER: Yes No

11. There's lots of love in our marriage.

YOU: Yes No YOUR PARTNER: Yes No

12. We are genuinely interested in one another.

YOU: Yes No YOUR PARTNER: Yes No

13. I just love spending time with my partner.

YOU: Yes No YOUR PARTNER: Yes No

14. We are very good friends.

YOU: Yes No YOUR PARTNER: Yes No

15. Even during rough times, we can be empathic.

YOU: Yes No YOUR PARTNER: Yes No

16. My spouse is considerate of my viewpoint.

YOU: Yes No YOUR PARTNER: Yes No

17. My spouse finds me physically attractive.

YOU: Yes No YOUR PARTNER: Yes No

18. My partner expresses warmth toward me.

YOU: Yes No YOUR PARTNER: Yes No

19. I feel included in my partner's life.

YOU: Yes No YOUR PARTNER: Yes No

20. My spouse admires me.

YOU: Yes No YOUR PARTNER: Yes No

Scoring: If the person checked "yes" to fewer than seven items, then it is likely he or she is not feeling adequately loved and respected in the marriage.

ACCEPTING INFLUENCE

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

WHEN WE DISCUSS OUR MARITAL ISSUES:	RESPONSE
I find that I am really interested in my spouse's opinion on our basic issues.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I usually learn a lot from my spouse, even when we disagree.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I want my partner to feel that what he or she says really counts with me.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I generally want my spouse to feel influential in this marriage.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can listen to my partner, but only up to a point.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner has a lot of basic common sense.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I try to communicate respect even during our disagreements.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
If I keep trying to convince my partner, I will eventually win out.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I don't reject my spouse's opinions out of hand.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner is not rational enough to take seriously when we discuss our issues.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I believe in lots of give-and-take in our discussions.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I am very persuasive and usually can win arguments with my spouse.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I feel important in our decisions.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner usually has good ideas.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner is basically a great help as a problem-solver.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I try to listen respectfully even when I disagree.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My ideas for solutions are usually much better than my spouse's.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can usually find something to agree with in my partner's position.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner is usually too emotional.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I am the one who needs to make the major decisions in this marriage.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)

REPAIR ATTEMPTS

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

DURING OUR ATTEMPTS TO RESOLVE CONFLICT:	RESPONSE
We are good at taking breaks when we need them.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
When I apologize, it usually gets accepted by my partner.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can say that I am wrong.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I am pretty good at calming myself down.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Even when arguing, we can maintain a sense of humor.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
When my partner says we should talk to each other in a different way, it usually makes a lot of sense.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My attempts to repair our discussions when they get negative are usually effective.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We are pretty good listeners even when we have different positions on things.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
If things get heated, we can usually pull out of it and change things.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My spouse is good at soothing me when I get upset.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I feel confident that we can resolve most issues between us.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
When I comment on how we could communicate better, my spouse listens to me.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Even if things get hard at times, I know we can get past our differences.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We can be affectionate even when we are disagreeing.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Teasing and humor usually work with my spouse for getting over negativity.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We can start all over again and improve our discussions when we need to.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
When emotions run hot, expressing how upset I feel makes a real difference.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Even when there are big differences between us, we can discuss these.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner expresses appreciation for nice things I do.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
If I keep trying to communicate, it will eventually work.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)

COMPROMISE

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

DURING OUR ATTEMPTS TO RESOLVE CONFLICT:	RESPONSE
Our decisions often get made by both of us compromising.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We are usually good at resolving our differences.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can give in when I need to, and often do.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I can be stubborn in an argument, and I'm opposed to compromising.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I think that sharing power in a marriage is very important.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner is not a very stubborn person.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I believe that one person is usually right and the other wrong on most issues.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
We both believe in meeting each other halfway when we disagree.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I am able to yield somewhat even when I feel strongly on an issue.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
The two of us usually arrive at a better decision through give-and-take.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
It's not a good idea to give in too much, in my view.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
In discussing issues, we can usually find our common ground of agreement.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
No one ever gets what they want when there is a compromise.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
My partner can give in, and often does.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I wait until my partner gives in before I do.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
When I give in first, my partner then gives in too.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Yielding power is very difficult for my spouse.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Yielding power is very difficult for me.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
Give-and-take in making decisions is not a problem in this marriage.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)
I will never compromise when I believe I am right.	True <input type="checkbox"/> (1) False <input type="checkbox"/> (2)

Your Trust Metric

Instructions

For the following items, indicate the extent to which you agree or disagree with each item by circling either SD for *Strongly Disagree*, D for *Disagree*, N for *Neither Agree nor Disagree*, A for *Agree*, and SA for *Strongly Agree*.

Note: If you and your partner don't live together or do not have children (separately or together), answer questions about these topics based on how you think your partner would react if you did.

- | | | | | | |
|--|----|---|---|---|----|
| 1. I feel protected by my partner. | SD | D | N | A | SA |
| 2. My partner is faithful to me. | SD | D | N | A | SA |
| 3. My partner is there for me financially. | SD | D | N | A | SA |
| 4. Sometimes I feel uneasy around my partner. | SD | D | N | A | SA |
| 5. I don't think my partner has intimate relationships with others. | SD | D | N | A | SA |
| 6. From now on, my partner would not have children with anyone but me. | SD | D | N | A | SA |
| 7. My partner fully loves our children and/or is at least respectful of my own children. | SD | D | N | A | SA |
| 8. I believe that you can trust most people. | SD | D | N | A | SA |
| 9. My partner helps me feel emotionally secure. | SD | D | N | A | SA |
| 10. I know my partner will always be a very close friend. | SD | D | N | A | SA |
| 11. My partner will commit to help provide for our children. | SD | D | N | A | SA |
| 12. When the chips are down, I can count on my partner to sacrifice for me and our family. | SD | D | N | A | SA |
| 13. My partner does housework. | SD | D | N | A | SA |
| 14. My partner will work hard to increase our financial security. | SD | D | N | A | SA |
| 15. My partner doesn't respect me. | SD | D | N | A | SA |
| 16. My partner makes me feel sexually desirable. | SD | D | N | A | SA |
| 17. My partner takes my feelings into account when making decisions. | SD | D | N | A | SA |
| 18. I know that my partner will take care of me when I'm sick. | SD | D | N | A | SA |
| 19. When we are not getting along, my partner will work with me on our relationship. | SD | D | N | A | SA |
| 20. My partner is there for me emotionally. | SD | D | N | A | SA |
| 21. My partner does not overuse alcohol and drugs. | SD | D | N | A | SA |
| 22. My partner acts romantically toward me. | SD | D | N | A | SA |
| 23. My partner is kind to my family. | SD | D | N | A | SA |
| 24. I can rely on my partner to talk to me when I'm sad or angry. | SD | D | N | A | SA |
| 25. My partner belittles or humiliates me. | SD | D | N | A | SA |
| 26. There is at least one person who comes first to my partner rather than me. | SD | D | N | A | SA |
| 27. My partner will work with me as part of financial unit. | SD | D | N | A | SA |
| 28. I have power and influence in this relationship. | SD | D | N | A | SA |
| 29. My partner shows others how much he or she cherishes me. | SD | D | N | A | SA |
| 30. My partner helps carry the load of child care. | SD | D | N | A | SA |
| 31. I just can't trust my partner completely. | SD | D | N | A | SA |
| 32. My partner keeps his or her promises. | SD | D | N | A | SA |

33. My partner is a moral person.	SD	D	N	A	SA
34. My partner does what he or she agrees to do.	SD	D	N	A	SA
35. My partner will betray my confidences.	SD	D	N	A	SA
36. My partner is affectionate toward me.	SD	D	N	A	SA
37. In arguments I can trust my partner to really listen to me.	SD	D	N	A	SA
38. My partner shares in and honors my dreams.	SD	D	N	A	SA
39. I fear my partner could stray.	SD	D	N	A	SA
40. My partner's words and deeds reflect the values we say we agree on.	SD	D	N	A	SA
41. My partner makes love to me often.	SD	D	N	A	SA
42. I can count on my partner to build or maintain a sense of family and community with me.	SD	D	N	A	SA

Scoring

Step 1

Score your answers to questions 4, 15, 25, 26, 31, 35, and 39 using the following scale. Then add them up:

Strongly Agree:	1
Somewhat Agree:	2
Neither Agree nor Disagree:	3
Somewhat Disagree:	4
Strongly Disagree:	5
Subtotal _____	

Step 2

Score your answers to the remainder of the questions using this scale:

Strongly Agree:	5
Somewhat Agree:	4
Neither Agree nor Disagree:	3
Somewhat Disagree:	2
Strongly Disagree:	1
Subtotal _____	

Step 3

Add your two subtotals to calculate your trust metric.

Total _____

What Does My Score Mean?

0-52

You have a low degree of trust in your partner and your relationship. Not all couples are meant to be together forever, but even matches that struggle with trust issues can work things out if both partners make a strong commitment to the process. (Before reading the rest of the book, consider turning to chapter 10. It will help you assess whether your partner is someone you just shouldn't trust.) Reading this book by yourself can clarify your situation and may help you make positive changes in your interactions with your partner. But if he or she will agree, try to work through the exercises together. Some soul searching is in order here: do you both have enough motivation to do this? If so, retake the quiz after you've finished the book and have put its advice into action. If your score remains low, seek more individualized help.

53-105

Your trust level is moderate. You have faith in your partner-but uncertainty as well. You can bolster your relationship by working on the exercises of this book. Although it's best to work together, your relationship can still benefit if you make progress on your own. When one member of a couple becomes clearer about needs and desires, often the relationship comes into sharper focus for both of them, making positive changes easier. If your trust metric does not improve, it's time to decide whether you're both committed to making your relationship your top priority. If your metric is now higher, that's a powerful sign that the more you continue to open up to each other, the happier and more fulfilling your relationship is likely to become.

106-210

You have a deep sense of trust in your partner. Such a sturdy foundation improves the likelihood that your relationship will remain happy over the long term. Still, if you scored in the bottom half of this particular range, it would be worthwhile to have honest conversations about your relationship. If your trust level is very high, this book can still benefit you. Consider reading it together as a romantic experience that will reaffirm just how in love you are- and also give you tools to help you stay that way.

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"/>	My partner compliments my appearance
	<input type="radio"/>	My partner does not compliment my appearance
23. 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
24. 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
25. 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
26. 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
27. 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.					

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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.					

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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.					

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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.

<i>Check all the specific items below:</i>	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.

<i>Check all the specific items below:</i>	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>		

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

<i>Check all the specific items below:</i>	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.

<i>Check all the specific items below:</i>	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>		

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

<i>Check all the specific items below:</i>	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 NoThe relationship is dealing with this well or is not dealing with this well

<i>Check all the specific items below:</i>	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>		

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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

<i>Check all the specific items below:</i>	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

<i>Check all the specific items below:</i>	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>		

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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

<i>Check all the specific items below:</i>	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

<i>Check all the specific items below:</i>	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>		

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

<i>Check all the specific items below:</i>	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.

<i>Check all the specific items below:</i>	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>		

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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

<i>Check all the specific items below:</i>	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

<i>Check all the specific items below:</i>	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>		

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

<i>Check all the specific items below:</i>	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

<i>Check all the specific items below:</i>	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

<i>Check all the specific items below:</i>	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"/>
<p><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></p>		

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

<i>Check all the specific items below:</i>	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"/>
<p><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></p>		

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

<i>Check all the specific items below:</i>	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"/>
<p><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></p>		

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 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 (continued)	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.					
26. There was lots of rivalry between my siblings.					

Client ID#: _____ Date: _____

My Family History (continued)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
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.					
56. I never took fun vacations with my family.					

Client ID#: _____ Date: _____

My Family History (continued)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
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. Knead 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 (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 tremens (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?		

