| Name: | Date: | |
|-------|-------|--|
| | | |

Couple Screening Form

| <u>Directions:</u> ✓ Check the items that apply |
|---|
| MOODS: (ex. irritability, depression etc.) |
| My moods are a problem to the relationship. how?: |
| My partner's moods are a problem to the relationship. how?: |
| ALCOHOL and SUBSTANCE USE |
| My use of alcohol is excessiveMy use of prescription or illegal drugs is a problem |
| My partner's uses alcohol excessivelyMy partner's use of prescription or illegal drugs is a problem |
| AGGRESSION |
| My temper adversely affects our relationshipI have been verbally abusive to my partnerI have been physically abusive to my partner |
| My partner's temper adversely affects our relationship My partner has been verbally abusive to me My partner has been physically abusive to me |
| Our fights and arguments are very destructive to our relationship. |
| <u>AFFAIRS</u> |
| I have had an affair during our relationship (or an inappropriate outside relationship)I am currently having an affair (or an inappropriate outside relationship). |
| My partner has had an affair during our relationship (or an inappropriate outside relationship)My partner is currently having an affair (or an inappropriate outside relationship). |
| SATISFACTION AND COMMITMENT |
| % I am committed to staying in our relationship. |
| % Overall how satisfied are you now with your relationship? |

Directions:

In percentage terms, how strongly do you agree with the statements below.

Use this scale to answer the questions below.

| 0 | 25% | 50% | 75 % | 100% |
|------------|----------|------------|-------------|-----------|
| Not at all | Slightly | Moderately | Verv | Extremely |

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