

Name: _____ Date: _____

Couple Screening Form

Directions: ✓ *Check the items that apply*

MOODS: (ex. irritability, depression etc.)

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

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

ALCOHOL and SUBSTANCE USE

___ My use of alcohol is excessive

___ My use of prescription or illegal drugs is a problem

___ My partner's uses alcohol excessively

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

AGGRESSION

___ My temper adversely affects our relationship

___ I have been verbally abusive to my partner

___ I have been physically abusive to my partner

___ My partner's temper adversely affects our relationship

___ My partner has been verbally abusive to me

___ My partner has been physically abusive to me

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

AFFAIRS

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

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

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

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

SATISFACTION AND COMMITMENT

___ % I am committed to staying in our relationship.

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

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	Very	Extremely

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

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Couple Satisfaction Checklist

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

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