

# Couple Questionnaire

Name \_\_\_\_\_

Date \_\_\_\_\_

## Couple Questionnaire

Please circle the number corresponding to how you have felt about your relationship with your partner in the month before deciding to come to therapy.

1. Please indicate the degree of happiness, all things considered, of your relationship.

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

	Not at all TRUE	A little TRUE	Some- what TRUE	Mostly TRUE	Almost Completely TRUE	Completely TRUE
2. I have a warm and comfortable relationship with my partner	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Not at all	A little	Some- what	Mostly	Almost Completely	Completely

3. How rewarding is your relationship with your partner?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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4. In general, how satisfied are you with your relationship?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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5. Please rate your commitment to this relationship on the following scales

	Not at all	A little	Some- what	Mostly	Certainly
a. I want my relationship to succeed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I will do all I can to make it succeed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Many people, at one time or another, get physical with their partners when they are angry. For example, some people threaten to hurt their partners, some push or shove, and some slap or hit. Please indicate approximately how many times the behaviors in a, b, and c have occurred in the **last year**.

a. \_\_\_\_ When my partner and I had a disagreement or argument, I engaged in an act of physical aggression against my partner such as pushing, slapping, shoving, hitting, beating, biting or some other act of aggression.

b. \_\_\_\_ When my partner and I had a disagreement or argument, my partner engaged in an act of physical aggression against me such as pushing, slapping, shoving, hitting, beating, biting or some other act of aggression.

c. \_\_\_\_ All things considered, I did not feel I could express my opinion at times without fear of physical reprisal from my partner (e.g., partner physically punishing me for what I have said).