AUBURN MFT CLINIC: Committed Relationship Follow-up

This first section will focus on the couple relationship and relationship dynamics. All information is confidential.

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

<table>
<thead>
<tr>
<th>Extremely Unhappy</th>
<th>Fairly Unhappy</th>
<th>A Little Unhappy</th>
<th>Happy</th>
<th>Very Happy</th>
<th>Extremely Happy</th>
<th>Perfect</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

2. How often do you think things between you and your partner are going well?...5

- All the Time
- Most Times
- More than Not
- Occasionally
- Rarely
- Never

3. Our relationship is strong

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

4. My relationship with my partner makes me happy

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

5. I have a warm and comfortable relationship with my partner

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

6. I really feel like part of a team with my partner

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

7. How rewarding is your relationship with your partner?

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

8. How well does your partner meet your needs?

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

9. To what extent has your relationship met your original expectations?

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

10. In general, how satisfied are you with your relationship?

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

Select the answer that best describes how you feel about your relationship. Focus on your first impressions and immediate feelings.

11. Interesting

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

12. Bad

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

13. Full

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

14. Sturdy

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

15. Discouraging

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

16. Enjoyable

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

Over the past 4 weeks, how satisfied have you been:

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>Moderately Dissatisfied</th>
<th>Equally Satisfied/Dissatisfied</th>
<th>Moderately Satisfied</th>
<th>Very Satisfied</th>
</tr>
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<tbody>
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<td>1</td>
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<tr>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How often have you experienced the following symptoms over the last two months? Never--------------------Often

4. Sexual problems

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

5. Low sex drive

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

6. Sexual over-activity

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

7. Not feeling satisfied with your sex life

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

8. Having sex that you didn’t enjoy

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

9. Bad thoughts or feelings during sex

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

10. Being Confused about your sexual feelings

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True

11. Sexual feelings when you shouldn’t have them

- All True
- A Little True
- Somewhat True
- Mostly True
- Almost Completely True
- Completely True
Circle the number that indicates how each argument description fits your relationship:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>4</td>
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<td>1</td>
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<td>3</td>
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<td>1</td>
</tr>
</tbody>
</table>

Using the following key, how often did YOU do the following during the PAST 4 WEEKS?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once</th>
<th>Twice</th>
<th>3-5 Times</th>
<th>6-10 Times</th>
<th>11-20 Times</th>
<th>More than 20 Times</th>
<th>Happened but Not in Past Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

Using the same key as above, how often did YOUR PARTNER do the following during the PAST 4 WEEKS?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once</th>
<th>Twice</th>
<th>3-5 Times</th>
<th>6-10 Times</th>
<th>11-20 Times</th>
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<tr>
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<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate how much each argument description fits your relationship.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Please circle the most accurate answer applicable for your intimate partner relationship for the last month.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
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<tr>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
The next section will focus on your individual symptoms related to depression and anxiety over the last 2 weeks.

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Several Days</th>
<th>More than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>Feeling bad about yourself, or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td>Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td>Moving or speaking so slowly that other people could have noticed; Or being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9.</td>
<td>Thoughts that you would be better off dead, or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

10. How difficult have these problems made it for you to do your work, take care of the home, or get along with others? Not at All | Somewhat | Very | Extremely

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Several Days</th>
<th>More than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12.</td>
<td>Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13.</td>
<td>Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14.</td>
<td>Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15.</td>
<td>Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16.</td>
<td>Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17.</td>
<td>Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

18. How difficult have these problems made it for you to do your work, take care of the home, or get along with others? Not at All | Somewhat | Very | Extremely

The next section will focus on health, sleep, and stress. Would you be willing to report your: Weight: ________

1. During the last month how many times have you visited medical providers such as primary care or family doctors, internists, surgeons or medical specialists, physicians assistants or medical nurse practitioners as an outpatient?

2. During the last month how many nights have you stayed in a hospital?

How often during the past 4 weeks did you...

<table>
<thead>
<tr>
<th></th>
<th>All of the Time</th>
<th>Most of the Time</th>
<th>Some of the Time</th>
<th>A Little of the Time</th>
<th>None of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Get enough sleep to feel rested upon waking in the morning?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Awaken short breath or with a headache?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Have trouble falling asleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Awaken during your sleep time and have trouble falling asleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Have trouble staying awake during the day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Get the amount of sleep you needed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

The questions in this scale ask you about your feelings and thoughts during the last month.
1. How often have you been upset because of something that happened unexpectedly? .......................... 0 1 2 3 4
2. How often have you felt that you were unable to control the important things in your life? .......... 0 1 2 3 4
3. How often have you felt nervous and “stressed”? ........................................................................ 0 1 2 3 4
4. How often have you felt confident about your ability to handle your personal problems? ........ 0 1 2 3 4
5. How often have you felt that things were going your way? ......................................................... 0 1 2 3 4
6. How often have you found that you could not cope with all the things that you had to do? ...... 0 1 2 3 4
7. How often have you been able to control irritations in your life? ........................................... 0 1 2 3 4
8. How often have you felt that you were on top of things? ............................................................ 0 1 2 3 4
9. How often have you been angered because of things that were outside of your control? ........ 0 1 2 3 4
10. How often have you felt difficulties were piling up so high that you could not overcome them? ................................................................. 0 1 2 3 4

Please mark the most accurate answer applicable for your economic situation each month.

1. At the end of the month we have:
   - more than enough money left over
   - some money left over
   - just enough to make ends meet
   - not enough to make ends meet
   
   Strongly Disagree Disagree Agree Strongly Agree
   
   1 2 3 4

2. We are able to afford adequate housing, clothing, food, and medical care .............................. 1 2 3 4

3. How much difficulty have you and your spouse had in paying bills during the past 12 months?
   - A little difficulty
   - some difficulty
   - quite a bit of difficulty
   - a great deal of difficulty
   
   1 2 3 4

Answer the following questions for yourself in your current family.

In your childhood and family years, were there problems with:

1. Emotional Abuse: Swearing, insults, threats ................................................................. N/A 1 2 3 4
2. Physical Abuse: Slapping, hitting, throwing things .......................................................... N/A 1 2 3 4
3. Sexual Abuse: Being touched or touching someone sexually, forced sex .......................... N/A 1 2 3 4
4. Emotional Neglect: Unloved, ignored, rejected .............................................................. N/A 1 2 3 4
5. Physical Neglect: Not properly clothed, not fed, not taken to doctor (not due to poverty) .... N/A 1 2 3 4
6. Mother Was Treated Violently: She was pushed, bit, slapped, kicked, punched, threatened with knife/gun ................................................................. N/A 1 2 3 4
7. Substance Use and Abuse: Alcohol abuse, drug use, or prescription abuse ................... N/A 1 2 3 4
8. Household Mental Illness: Depression, mental illness ...................................................... N/A 1 2 3 4
9. Attempted Suicide or Suicide ............................................................................................ N/A 1 2 3 4
10. Incarcerated Household Member ..................................................................................... N/A 1 2 3 4
11. Parental Separation or Divorce ......................................................................................... N/A 1 2 3 4

In your current family, were there problems with:

1. Emotional Abuse: Swearing, insults, threats ................................................................. N/A 1 2 3 4
2. Physical Abuse: Slapping, hitting, throwing things .......................................................... N/A 1 2 3 4
3. Sexual Abuse: Being touched or touching someone sexually, forced sex .......................... N/A 1 2 3 4
4. Emotional Neglect: Unloved, ignored, rejected .............................................................. N/A 1 2 3 4
5. Physical Neglect: Not properly clothed, not fed, not taken to doctor (not due to poverty) .... N/A 1 2 3 4
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Answer</th>
<th>1</th>
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<th>3</th>
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<tbody>
<tr>
<td>6</td>
<td>Mother Was Treated Violently: She was pushed, bit, slapped, kicked, punched</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Substance Use and Abuse: Alcohol abuse, drug use, or prescription abuse</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>Household Mental Illness: Depression, mental illness</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>Attempted Suicide or Suicide</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Incarcerated Household Member</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Parental Separation or Divorce</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>