

Name:  
Therapist ID:

Session:  
Client #:

## 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.

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

	<i>All the Time</i>	<i>Most Times</i>	<i>More than Not</i>	<i>Occasionally</i>	<i>Rarely</i>	<i>Never</i>
	5	4	3	2	1	0

	<i>Not at All True</i>	<i>A little True</i>	<i>Somewhat True</i>	<i>Mostly True</i>	<i>Almost Completely True</i>	<i>Completely True</i>
	0	1	2	3	4	5

3. Our relationship is strong.....0

4. My relationship with my partner makes me happy.....0

5. I have a warm and comfortable relationship with my partner.....0

	<i>Not at All</i>	<i>A Little</i>	<i>Somewhat</i>	<i>Mostly</i>	<i>Almost Completely</i>	<i>Completely</i>
	0	1	2	3	4	5

6. I really feel like part of a team with my partner?..... 0

7. How rewarding is your relationship with your partner? ..... 0

8. How well does your partner meet your needs? ..... 0

9. To what extent has your relationship met your original expectations?..... 0

10. In general, how satisfied are you with your relationship? ..... 0

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

11. Interesting	5	4	3	2	1	0	Boring
12. Bad	0	1	2	3	4	5	Good
13. Full	5	4	3	2	1	0	Empty
14. Sturdy	5	4	3	2	1	0	Fragile
15. Discouraging	0	1	2	3	4	5	Hopeful
16. Enjoyable	5	4	3	2	1	0	Miserable

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

	<i>Very Dissatisfied</i>	<i>Moderately Dissatisfied</i>	<i>Equally Satisfied/ Dissatisfied</i>	<i>Moderately Satisfied</i>	<i>Very Satisfied</i>
	1	2	3	4	5

1. With the amount of emotional closeness during sexual activity between you and your partner? ..... 1

2. With your sexual relationship with your partner? ..... 1

3. How satisfied have you been with your overall sexual life?..... 1

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

	0	1	2	3
4. Sexual problems.....	0	1	2	3
5. Low sex drive.....	0	1	2	3
6. Sexual over-activity.....	0	1	2	3
7. Not feeling satisfied with your sex life.....	0	1	2	3
8. Having sex that you didn't enjoy.....	0	1	2	3
9. Bad thoughts or feelings during sex.....	0	1	2	3
10. Being Confused about your sexual feelings.....	0	1	2	3
11. Sexual feelings when you shouldn't have them.....	0	1	2	3

**Circle the number that indicates how each argument description fits your relationship:**

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>			
1. My partner tends to discount my opinion .....	1	2	3	4	5			
2. My partner does not listen to me.....	1	2	3	4	5			
3. When I want to talk about a problem in our relationship, my partner often refuses to talk with me .....	1	2	3	4	5			
4. My partner and I talk about problems until we both agree on a solution .....	1	2	3	4	5			
	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
	<i>Never</i>	<i>Once</i>	<i>Twice</i>	<i>3-5 Times</i>	<i>6-10 Times</i>	<i>11-20 Times</i>	<i>More than 20 Times</i>	<i>Happened but Not in Past Year</i>

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

1. Threw something (but not at a family member) or smashed something .....	0	1	2	3	4	5	6	7
2. Threatened to hit or throw something at a family member .....	0	1	2	3	4	5	6	7
3. Threw something at family member .....	0	1	2	3	4	5	6	7
4. Pushed, grabbed, or shoved a family member.....	0	1	2	3	4	5	6	7
5. Hit (or tried to hit) a family member but <i>not</i> with anything hard .....	0	1	2	3	4	5	6	7
6. Hit (or tried to hit) a family member with something hard .....	0	1	2	3	4	5	6	7

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

1. Threw something (but not at a family member) or smashed something .....	0	1	2	3	4	5	6	7
2. Threatened to hit or throw something at a family member .....	0	1	2	3	4	5	6	7
3. Threw something at family member .....	0	1	2	3	4	5	6	7
4. Pushed, grabbed, or shoved a family member.....	0	1	2	3	4	5	6	7
5. Hit (or tried to hit) a family member but <i>not</i> with anything hard .....	0	1	2	3	4	5	6	7
6. Hit (or tried to hit) a family member with something hard .....	0	1	2	3	4	5	6	7

**Please indicate how much each argument description fits your relationship.**

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. By the end of an argument, each of us has been given a fair hearing .....	1	2	3	4	5
2. When we begin to fight or argue, I think, "Here we go again." .....	1	2	3	4	5
3. Overall, I'd say we're pretty good at solving our problems.....	1	2	3	4	5
4. Our arguments are left hanging and unresolved.....	1	2	3	4	5
5. We go for days without settling our differences. ....	1	2	3	4	5
6. Our arguments seem to end in frustrating stalemates.....	1	2	3	4	5
7. We need to improve the way we settle our differences.....	1	2	3	4	5
8. Overall, our arguments are brief and quickly forgotten .....	1	2	3	4	5

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

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. All I see ahead of me are bad experiences within this relationship.....	1	2	3	4
2. There's no use in really trying to get my needs met within this relationship.....	1	2	3	4
3. No matter how hard I try I can't make things better for myself within this relationship .....	1	2	3	4
4. I haven't been able to turn this relationship around, nor do I believe that it will ever happen ....	1	2	3	4
5. My desires are never really considered within this relationship .....	1	2	3	4
6. I am about to give up, because I don't expect this relationship to change .....	1	2	3	4

**The next section will focus on your individual symptoms related to depression and anxiety over the last 2 weeks.**

	<i>Not at All</i>	<i>Several Days</i>	<i>More than Half the Days</i>	<i>Nearly Every Day</i>
1. Little interest or pleasure in doing things.....0		1	2	3
2. Feeling down, depressed, or hopeless .....0		1	2	3
3. Trouble falling or staying asleep, or sleeping too much .....0		1	2	3
4. Feeling tired or having little energy .....0		1	2	3
5. Poor appetite or overeating .....0		1	2	3
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down .....0		1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television .....0		1	2	3
8. 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 .....0		1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself.....0		1	2	3

	<i>Not Difficult</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
10. How difficult have these problems made it for you to do your work, take care of the home, or get along with others? ..... 0		1	2	3

	<i>Not at All</i>	<i>Several Days</i>	<i>More than Half the Days</i>	<i>Nearly Every Day</i>
11. Feeling nervous, anxious or on edge.....0		1	2	3
12. Not being able to stop or control worrying .....0		1	2	3
13. Worrying too much about different things .....0		1	2	3
14. Trouble relaxing.....0		1	2	3
15. Being so restless that it is hard to sit still .....0		1	2	3
16. Becoming easily annoyed or irritable .....0		1	2	3
17. Feeling afraid as if something awful might happen .....0		1	2	3

	<i>Not Difficult</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
18. How difficult have these problems made it for you to do your work, take care of the home, or get along with others? ..... 0		1	2	3

**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...**

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

The questions in this scale ask you about your **feelings and thoughts** during the last month.

		<i>Never</i>	<i>Almost Never</i>	<i>Sometimes</i>	<i>Fairly Often</i>	<i>Very Often</i>
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:
- |   |                             |                                      |                                      |
|---|-----------------------------|--------------------------------------|--------------------------------------|
| <i>more than enough money left over</i> | <i>some money left over</i> | <i>Just enough to make ends meet</i> | <i>not enough to makes ends meet</i> |
| 1                                       | 2                           | 3                                    | 4                                    |
2. We are able to afford adequate housing, clothing, food, and medical care .....
- |                          |                 |              |                       |
|--------------------------|-----------------|--------------|-----------------------|
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly Agree</i> |
| 1                        | 2               | 3            | 4                     |
3. How much difficulty have you and your spouse had in paying bills during the past 12 months?
- |                            |                        |                                  |                                   |
|----------------------------|------------------------|----------------------------------|-----------------------------------|
| <i>A little difficulty</i> | <i>some difficulty</i> | <i>quite a bit of difficulty</i> | <i>a great deal of difficulty</i> |
| 1                          | 2                      | 3                                | 4                                 |

Answer the following questions for yourself in your current family.

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

			<u>Frequency</u>		
			<i>Once</i>	<i>Some</i>	<i>Often</i>
1.	<b>Emotional Abuse:</b> Swearing, insults, threats .....	N/A	1	2	
2.	<b>Physical Abuse:</b> Slapping, hitting, throwing things .....	N/A	1	2	3
3.	<b>Sexual Abuse:</b> Being touched or touching someone sexually, forced sex .....	N/A	1	2	3
4.	<b>Emotional Neglect:</b> Unloved, ignored, rejected .....	N/A	1	2	3
5.	<b>Physical Neglect:</b> Not properly clothed, not fed, not taken to doctor (not due to poverty) .....	N/A	1	2	3

<b>6.</b>	<b>Mother Was Treated Violently:</b> She was pushed, bit, slapped, kicked, punched threatened with knife/gun .....	N/A	1	2	3
<b>7.</b>	<b>Substance Use and Abuse:</b> Alcohol abuse, drug use, or prescription abuse.....	N/A	1	2	3
<b>8.</b>	<b>Household Mental Illness:</b> Depression, mental illness .....	N/A	1	2	3
<b>9.</b>	<b>Attempted Suicide or Suicide</b> .....	N/A	1	2	3
<b>10.</b>	<b>Incarcerated Household Member</b> .....	N/A	1	2	3
<b>11.</b>	<b>Parental Separation or Divorce</b> .....	N/A	1	2	3