Name:	Session:
Therapist ID:	Client #:

AUBURN MFT CLINIC: Committed Relationship Intake 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. <u>Circle the best answer</u>.

Extremely Unhappy 0	Fairly Unhappy 1	A Little Unhappy 2	<i>Нарру</i> 3	Ver	ry Happy 4	Ex	Extremely Happy 5		Perfect 6	
					l the Mo me Tir		More an Not	Occas- ionally	Rarel	y Never
2. How often do you	think things between	en you and your parti	ner are going	well?	5	ļ	3	2	1	0
			Not at All True	A little True	Somewh True		rue	Almost Completely True	Tru	
3. Our relationship is	strong		0	1	2		3	4	5	
4. My relationship wi	th my partner mak	es me happy	0	1	2		3	4	5	
5. I have a warm and	comfortable relation	onship with my partne	er0	1	2		3	4	5	
				Not at All	A Little	Some what	- Mosi	ly Almo Comple		mpletely
6. I really feel like par	rt of a team with m	y partner?		0	1	2	3	4		5
7. How rewarding is y	your relationship w	ith your partner?		0	1	2	3	4		5
8. How well does you	r partner meet you	r needs?		0	1	2	3	4		5
9. To what extent has	your relationship i	net your original exp	ectations?	0	1	2	3	4		5
10. In general, how sat	isfied are you with	your relationship?		0	1	2	3	4		5
Select the answer that	best describes how	you feel about your	relationship	. Focus or	n your firs	st impr	essions	and immed	liate fe	elings.
11Interesting	5	4 3	}	2	1		0	В	oring	
12. Bad	0	1 2	2	3	4		5	G	ood	
13. Full	5	4 3	3	2	1		0	Eı	npty	
14. Sturdy	5	4 3	3	2	1		0	Fr	agile	
15. Discouraging	0	1 2	2	3	4		5	Н	opeful	
16. Enjoyable	5	4 3	3	2	1		0	M	iserabl	e
Over the past 4 weeks.	, how satisfied hav	ve you been:	Very Dissatisj		Moderate Dissatisfie	d	Equally Satisfied issatisfi	l/ Satis	rately sfied	Very Satisfied
		ness during sexual ac			2		2		4	_
		our partner?			2 2		3 3		4 4	5 5
		our overall sexual life			2		3		4	5
How often have you ex	xperienced the foll	owing symptoms ove	er the <u>last two</u>	months?	Neve	r			C	Often
4. Sexual problems					0		1	2		3
•							1	2		3
6. Sexual over-activi	ity				0		1	2		3
_	•	fe					1	2		3
							1	2		3
							1	2		3
_	-	eelings					1	2		3
11. Sexual feelings w	nen you snoulan't	have them	•••••	•••••	0		1	2		3

Circle the number that indicates how each <u>argument description</u> fits your relationship:

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
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		2	3	4	5
→.	we both agree on a solution	1	2	3	7	3
	0 1 2 3 4 5	6		7		
No	ever Once Twice 3-5 Times 6-10 Times 11-20 Times M	ore than 20	Times H	appened but	Not in	Past Year
	ing the following key, how often did <u>YOU</u> do the following during the <u>past yea</u>		2	2 4	5	6 7
1.	Threw something (but not at a family member) or smashed something			3 4		6 7
2.	Threatened to hit or throw something at a family member			3 4		6 7
3.	Threw something at family member			3 4	-	6 7
4. -	Pushed, grabbed, or shoved a family member			3 4	-	6 7
5.	Hit (or tried to hit) a family member but <i>not</i> with anything hard			3 4	_	6 7
6.	Hit (or tried to hit) a family member with something hard	0 1	2	3 4	5	6 7
I I a	ing the same key as above, how often did YOUR PARTNER do the following	dunina tha m	oot 2100#9			
		-				
1.	Threw something (but not at a family member) or smashed something			3 4	_	6 7
2.	Threatened to hit or throw something at a family member			3 4		6 7
3.	Threw something at family member			3 4	-	6 7
4.	Pushed, grabbed, or shoved a family member			3 4		6 7
5.	Hit (or tried to hit) a family member but <i>not</i> with anything hard		2	3 4		6 7
6.	Hit (or tried to hit) a family member with something hard	0 1	2	3 4	5	6 7
Ple	ease indicate how much each argument description fits your relationship.	Strongly	Disagrag	Undecided	Agraa	Strongly
		Disagree	Disagree	Ondecided	Адгее	Agree
1.	By the end of an argument, each of us has been given a fair hearing		2	3	4	5
2.	When we begin to fight or argue, I think, "Here we go again."		2	3	4	5
3.	Overall, I'd say we're pretty good at solving our problems		2	3	4	5
4.	Our arguments are left hanging and unresolved		2	3	4	5
5.	We go for days without settling our differences		2	3	4	5
6.	Our arguments seem to end in frustrating stalemates		2	3	4	5
7.	We need to improve the way we settle our differences		2	3	4	5
8.	Overall, our arguments are brief and quickly forgotten		2	3	4	5
•	overest, our angularite and error and quietty responses		_			
DI		1	1			
Ple	ase circle the most accurate answer applicable for your intimate partner relatio	onship for the				
			Strongly	Disagree .	Agree	Strongly
1.	All I see ahead of me are bad experiences within this relationship		Disagree 1	2	3	Agree 4
2.	There's no use in really trying to get my needs met within this relationship			2	3	4
3.	No matter how hard I try I can't make things better for myself within this rela	-		2	3	4
4.	I haven't been able to turn this relationship around, nor do I believe that it wi			2	3	4
5.	My desires are never really considered within this relationship			2	3	4
6.	I am about to give up, because I don't expect this relationship to change		1	2	3	4

Please indicate the extent to which you tend to agree or disagree with each statement as a description of you right now.

		Strongly	Disagree	Undecided	Agree	Strongly
		Disagree				Agree
1.	I may be part of the problems, but I don't really think I am	1	2	3	4	5
2.	All this talk about psychology is boring. Why can't people just forget about					
	their problems?	1	2	3	4	5
3.	I have worries but so does the next guy. Why spend time thinking about then	n? 1	2	3	4	5
4.	I would rather cope with my faults than try to change them	1	2	3	4	5

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

Over	the last 2 weeks, how often have you been bothered by any of the following	problems? Circ	cle the best answer	r.
	Not at All	Several Days	More than Half the Days	Nearly Every Day
1. I	Little interest or pleasure in doing things0	1	2	3
2. F	Feeling down, depressed, or hopeless0	1	2	3
3. 7	Trouble falling or staying asleep, or sleeping too much0	1	2	3
4. F	Feeling tired or having little energy0	1	2	3
5. F	Poor appetite or overeating0	1	2	3
6. F	Feeling bad about yourself, or that you are a			
f	failure or have let yourself or your family down0	1	2	3
7. 7	Trouble concentrating on things, such as reading			
t	the newspaper or watching television0	1	2	3
8. N	Moving or speaking so slowly that other people could			
h	have noticed; Or being so fidgety or restless that you			
h	have been moving around a lot more than usual0	1	2	3
	Thoughts that you would be better off dead, or of			
h	hurting yourself0	1	2	3
	Not Difficult	Somewhat	Very	Extremely
	How difficult have these problems made it for you to do			
У	your work, take care of the home, or get along with others? 0	1	2	3
	Not at All	Several Days	More than Half the Days	Nearly Every Day
11. F	Feeling nervous, anxious or on edge0	1	2	3
12. N	Not being able to stop or control worrying0	1	2	3
13. V	Worrying too much about different things0	1	2	3
14. T	Trouble relaxing0	1	2	3
15. E	Being so restless that it is hard to sit still0	1	2	3
16. I	Becoming easily annoyed or irritable0	1	2	3
17. F	Feeling afraid as if something awful might happen0	1	2	3
40 -	Not Difficult	Somewhat	Very	Extremely
	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 report your:	Height:	Weight:
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^{1.} During the <u>last month</u> how many times have **you** visited medical providers such as primary care or family doctors, internists,

	surgeons or medical specialists, physicians assistants or m	iedical nurs	e practi	tioners as ar	n outpatie	ent?				
2.	During the <u>last month</u> how many nights have you stayed i	n a hospital	1?							
3.	Do you have health insurance? <u>Circle the best answer</u> .	NO	YES							
4.	Do you have a chronic illness? <u>Circle the best answer</u> .	NO	YES	If yes,	please sp	ecify: _				_
Но	w often during the past 4 weeks did you		ll of Time	Most of the Time	Some the Tir		A Little o the Time		None the Ti	
1.	Get enough sleep to feel rested upon waking in the morning			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 a	sleep?	1	2	3		4		5	
5.	Have trouble staying awake during the day?			2	3		4		5	
6.	Get the amount of sleep you needed?			2	3		4		5	
TC1										
The	e questions in this scale ask you about your feelings and th	oughts duri	ing <u>the</u>	last month.	Never	Almost Never		imes	Fairly Often	
1.	How often have you been upset because of something that	t happened	unexped	ctedly?		1	2		3	4
2.	How often have you felt that you were unable to control the					1	2	2	3	4
3.	How often have you felt nervous and "stressed"?				0	1	2	2	3	4
4.	How often have you felt confident about your ability to ha					1	2	2	3	4
5.	How often have you felt that things were going your way?			-		1	2		3	4
6.	How often have you found that you could not cope with a					1	2		3	4
7.	How often have you been able to control irritations in you	_	-			1	2		3	4
8.	How often have you felt that you were on top of things?					1	2		3	4
9.	How often have you been angered because of things that v					1	2		3	4
	How often have you felt difficulties were piling up so high		•				-	_	J	•
10.	them?	•			0	1	2	2	3	4
Ple	ase mark the most accurate answer applicable for your ecor	nomic situat	tion eac	h month.						
1.		v .	7				7			
	more than enough money left over some money left over	er Just e	enough	to make end	ls meet	not er	ough to		s ends	meet
	1 2			3				4		
					Strong Disagr		sagree A	_	Str. Ag	
2.	We are able to afford adequate housing, clothing, food, an	ıd medical o	care	•••••	1		2	3		4
2	How much difficulty have you and your analyse had in no	vina hilla da	uina th	a most 12 m	antha O					
3.	How much difficulty have you and your spouse had in pay		•			14				
	•	t of difficul	ty	a great dea		cuity				
Th	1 2 is section will focus on demographics.	3		2	1					
1.	Your age: 2. Your Sex: 3. Part	ner Sex:		4. Racial	/Ethnic C	Group (S	Specify):			
5.	How many times have you been married?	6. Ho	w many	times has y	our partn	er been	married	!?		_
7.	Your current relationship/marital status is: <u>Circle the best</u>	answer.								
	A. Single/Never Married B. Married	C. Divo	rced	D. Se	eparated					
	E. Widowed F. Committed Relationship	(Not Living	Togeth	er) G. C	ommitted	l Relatio	onship (L	Living	Togeti	ier)
8.	Your current relationship length (years & months)?									

9.	How many biological, adopted, step-o	children under 18 live in your home at least 50% of the	he time?			
10.	How many total people live in your h	ome?				
11.	What is the highest level of education	you attained? Circle the best answer.				
	•	B. GED/High School	C. Vocat	ional/I	Technical Sc.	hool
	D. Associate Degree/2 years	E. Bachelor Degree	F. Gradu	iate/Pr	ofessional L	Degree
12.	What is your combined gross income ((before taxes) in the current year <u>Circle the best answ</u>	<u>ver</u>			
	A. Under \$5,500	B. \$5,501 to \$11,999	C. \$12,00	00 to \$	15,999	
	D. \$16,000 to \$19,999	E. \$20,000 to \$24,999	F. \$25,00	00 to \$	29,999	
	G. \$30,000 to \$34,999					
	J. \$50,000 to \$59,999	K. \$60,000 to \$69,999	L. \$70,00	00 to \$	79,999	
	M. \$80,000 to \$89,999	N. \$90,000 to \$99,999	O. \$100,0	000 or	more	
13.	Do you consider yourself to be: Circle	the best answer.				
	A. Not Religious/Spiritual	B. Slightly Religious/Spiritual	C. Mode	rately l	Religious/Sp	iritual
	D. Very Religious/Spiritual	E. Strongly Religious/Spiritual				
14.	What spiritual/religious activities do v	ou and your partner do on a regular basis together?	Circle all th	at appl	v.	
	A. Walk/Exercise	B. Pray or Fast			hip services	
	D. Meditate	E. Read Religious Books/Scriptures			igious Holid	ays
	G. Pray for Partner/Spouse	H. Attend Spiritual/Religious Retreats			ligion/Comn	
17.	List Prescription, herbal, or over-the-c	ounter medications including dosage and prescriber				
		periences with counseling or therapy, provide the fol on for counseling # of sessions Not at al	How helpfu	l was	counseling?	helpful
		1		2		3
		1		2		3
10	A		_			
19.	Answer the following questions for yo	our <u>childhood</u> and the <u>family in which you grew up</u>	<u>J</u> .		Severity	
In y	our childhood and family years, were	there problems with:		Mild	Moderate Severate	Severe
1.	Emotional Abuse: Swearing, insul	ts, threats	N/A	1	2	3
2.	_	throwing things		1	2	3
3.		ouching someone sexually, forced sex		1	2	3
<i>3</i> . 4.		red, rejected		1	2	3
	•	·				
5.		thed, not fed, not taken to doctor (not due to poverty) 1N/A	1	2	3
6.	Mother Was Treated Violently: S	•	% T/A	1	2	2
_	• •	ed with knife/gun		1	2	3
7.		ol abuse, drug use, or prescription abuse		1	2	3
8.	•	ssion, mental illness		1	2	3
9.	Attempted Suicide or Suicide		N/A	1	2	3

10.	Incarcerated Household Member	1	2	3
11.	Parental Separation or Divorce	1	2	3
			Frequer	<u>icy</u>
In yo	our childhood and family years, were there problems with:	Once	Some	Often
1.	Emotional Abuse: Swearing, insults, threats	1	2	
2.	Physical Abuse: Slapping, hitting, throwing things	1	2	3
3.	Sexual Abuse: Being touched or touching someone sexually, forced sex	1	2	3
4.	Emotional Neglect: Unloved, ignored, rejected	1	2	3
5.	Physical Neglect: Not properly clothed, not fed, not taken to doctor (not due to poverty) N/A	1	2	3
6.	Mother Was Treated Violently: She was pushed, bit, slapped, kicked, punched			
	threatened with knife/gun	1	2	3
7.	Substance Use and Abuse: Alcohol abuse, drug use, or prescription abuse	1	2	3
8.	Household Mental Illness: Depression, mental illness	1	2	3
9.	Attempted Suicide or Suicide	1	2	3
10.	Incarcerated Household Member	1	2	3
11.	Parental Separation or Divorce	1	2	3
21.	How much did someone else pressure you to come for therapy? Circle the best answer. Not at All A Little Pressure Somewhat Pressured Quite Pressured Starting with the most important, please list the problems that brought you to therapy?	·	ressured	
	A B C			
	Do you consider the problems that brought you to therapy to be the responsibility of: A. Yourself B. Your Spouse/Partner C. One of the Control of the Con	f your Ci	hildren	
	Who referred you to the MFT clinic? Circle the best answer. A. Friend B. Spouse/Partner C. Teacher D. Minister/Clergy E. Physician G. Self-Referral H. Advertising (specify) Other:			
24.	Have you hired a lawyer or are you in litigation? <u>Circle the best answer</u> .	YES		NO
25.	Are you currently in counseling with one or more other therapists? <u>Circle the best answer</u> .	YES		NO