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>

How often have you experienced the following symptoms over the last two months?

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

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

11. Interesting
12. Bad
13. Full
14. Sturdy
15. Discouraging
16. Enjoyable

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>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

How often have you experienced the following symptoms over the last two months?

4. Sexual problems
5. Low sex drive
6. Sexual over-activity
7. Not feeling satisfied with your sex life
8. Having sex that you didn’t enjoy
9. Bad thoughts or feelings during sex
10. Being Confused about your sexual feelings
11. Sexual feelings when you shouldn’t have them
Circle the number that indicates how each argument description fits your relationship:

1. My partner tends to discount my opinion .........................................................1
   Strongly Disagree Disagree Undecided Agree Strongly Agree
   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 tends to dominate our conversations.............................................1
   2 3 4 5
5. When we do not agree on an issue, my partner gives me the cold shoulder ......1
   2 3 4 5
6. I feel free to express my opinion about issues in our relationship...................1
6. 2 3 4 5
7. My partner makes decisions that affect our family without talking to me first....1
   2 3 4 5
8. My partner and I talk about problems until we both agree on a solution ...........1
   2 3 4 5
9. I feel like my partner tries to control me ..........................................................1
   2 3 4 5
10. When it comes to money, my partner’s opinion usually wins out ......................1
   2 3 4 5
11. When it comes to children, my partner’s opinion usually wins out ....................1
   2 3 4 5
12. It often seems my partner can get away with things in our relationship that I
    can never get away with .................................................................................1
    2 3 4 5
13. I have no choice but to do what my partner wants ..........................................1
    2 3 4 5
14. My partner has more influence in our relationship than I do ............................1
    2 3 4 5
15. When disagreements arise in our relationship, my partner’s opinion usually
    wins out ..........................................................................................................1
    2 3 4 5

Using the following key, how often did YOU do the following during the past year?

- Never
- Once
- Twice
- 3-5 Times
- 6-10 Times
- 11-20 Times
- More than 20 Times
- Happened but Not in Past Year

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

Using the same key as above, how often did YOUR PARTNER do the following during the past year?

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

Please indicate how much each argument description fits your relationship.

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

Please circle the number which most accurately matches each statement concerning how you feel in romantic relationships.

<table>
<thead>
<tr>
<th>Event</th>
<th>Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It helps to turn to my romantic partner in times of need</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I need a lot of reassurance that I am loved by my partner</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I want to get close to my partner, but I keep pulling back</td>
<td>1</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.

1. Have you felt low in spirits or sad? ......................................................... 5
2. Have you lost interest in your daily activities? ................................. 5
3. Have you felt lacking in energy and strength? ................................. 5
4. Have you felt less self-confident? ...................................................... 5
5. Have you had a bad conscience or feelings of guilt? ......................... 5
6. Have you felt that life wasn’t worth living? ........................................ 5
7. Have you had difficulty in concentrating, e.g. when reading the newspaper or watching TV? ......................................................... 5
8. (A) Have you felt very restless? ............................................................... 5
(B) Have you felt subdued or slowed down? .......................................... 5
9. Have you had trouble sleeping at night? ............................................. 5
10. (A) Have you suffered from reduced appetite? ................................... 5
(B) Have you suffered from increased appetite? .................................... 5

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

### Strongly Disagree Disagree Agree Strongly Agree

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

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

### Strongly Disagree Disagree Undecided Agree Strongly Agree

1. I am doing something about the problems that have been bothering me ................................. 1
2. I am really working hard to change ........................................................................................................ 1
3. I wish I had more ideas on how to solve the problem ........................................................................ 1
4. I have started working on my problems but I would like help .......................................................... 1
5. Maybe this place will be able to help me .............................................................................................. 1
6. I may be part of the problems, but I don’t really think I am ................................................................. 1
7. I hope that someone here will have some good advice for me ........................................................ 1
8. Anyone can talk about changing; I’m actually doing something about it ................................. 1
9. All this talk about psychology is boring. Why can’t people just forget about their problems? ................................................................. 1
10. I have worries but so does the next guy. Why spend time thinking about them? ...... 1
11. I am actively working on my problem .............................................................................................. 1
12. I would rather cope with my faults than try to change them .......................................................... 1

The next section will focus on your individual symptoms related to depression and anxiety over the last 2 weeks.
8. How difficult have these problems made it for you to do your work, take care of the home, or get along with others? Not All 1 Somewhat 2 Very 3 Extremely

The next section will focus on health, sleep, and stress. Would you report your: Height: _____  Weight: _____

1. Circle the best answer. In general, would you say your health is Excellent Very Good Good Fair Poor

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Circle the best answer.
   a. Moderate activities, (e.g. moving a table, Yes, limited a lot Yes, limited a little No, not at all
      vacuuming, or golf)
   b. Climbing several flights of stairs Yes, limited a lot Yes, limited a little No, not at all

3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?
   a. Accomplished less than you would like Yes No
   b. Were limited in the kind of work or other activities Yes No

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?
   a. Accomplished less than you would like Yes No
   b. Did work or other activities less carefully than usual Yes No

5. During the past 4 weeks, how much did pain interfere with your normal work (including both housework and work outside the home)? Circle the best answer.

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks

   a. Have you felt calm and peaceful? Not All 1 A Little Bit 2 Moderately 3 Quite a Bit 4 Extremely 5
   b. Did you have a lot of energy? Not All 1 A Little Bit 2 Moderately 3 Quite a Bit 4 Extremely 5
   c. Have you felt downhearted and blue? Not All 1 A Little Bit 2 Moderately 3 Quite a Bit 4 Extremely 5

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? Circle the best answer.

8. 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? ______________

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

10. Do you have health insurance? Circle the best answer. NO YES

11. Do you have a chronic illness? Circle the best answer. NO YES If yes, please specify: ______________
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. Get enough sleep to feel rested upon waking in the morning?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Awaken short breath or with a headache?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Have trouble falling asleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Awaken during your sleep time and have trouble falling asleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Have trouble staying awake during the day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Get the amount of sleep you needed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Fairly Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often have you been upset because of something that happened unexpectedly?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. How often have you felt that you were unable to control the important things in your life?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. How often have you felt nervous and “stressed”?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. How often have you felt confident about your ability to handle your personal problems?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. How often have you felt that things were going your way?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. How often have you found that you could not cope with all the things that you had to do?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. How often have you been able to control irritations in your life?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. How often have you felt that you were on top of things?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. How often have you been angered because of things that were outside of your control?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. How often have you felt difficulties were piling up so high that you could not overcome them?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

This section will focus on demographics.


5. How many times have you been married? ________

6. How many times has your partner been married? ________

7. Your current relationship/marital status is: Circle the best answer.
   A. Single/Never Married  B. Married  C. Divorced  D. Separated
   E. Widowed  F. Committed Relationship (Not Living Together)  G. Committed Relationship (Living Together)

8. Your current relationship length (years & months)? ________________

9. How many biological, adopted, step-children under 18 live in your home at least 50% of the time? ________________

10. How many total people live in your home? ________________

11. What is the highest level of education you attained? Circle the best answer.
    A. Junior High School or less  B. GED/High School  C. Vocational/Technical School
    D. Associate Degree/2 years  E. Bachelor Degree  F. Graduate/Professional Degree

12. What is your combined gross income (before taxes) in the current year Circle the best answer.
    A. Under $5,500  B. $5,501 to $11,999  C. $12,000 to $15,999
    D. $16,000 to $19,999  E. $20,000 to $24,999  F. $25,000 to $29,999
    G. $30,000 to $34,999  H. $35,000 to $39,999  I. $40,000 to $49,999
    J. $50,000 to $59,999  K. $60,000 to $69,999  L. $70,000 to $79,999
    M. $80,000 to $89,999  N. $90,000 to $99,999  O. $100,000 or more

13. Do you consider yourself to be: Circle the best answer.
    A. Not Religious/Spiritual  B. Slightly Religious/Spiritual  C. Moderately Religious/Spiritual
    D. Very Religious/Spiritual  E. Strongly Religious/Spiritual
14. What spiritual/religious activities do you and your partner do on a regular basis together? Circle all that apply.
   A. Walk/Exercise
   B. Pray or Fast
   C. Attend worship services
   D. Meditate
   E. Read Religious Books/Scriptures
   F. Observe Religious Holidays
   G. Pray for Partner/Spouse
   H. Attend Spiritual/Religious Retreats
   I. Volunteer Religion/Community

15. What is your current religious/spiritual preference? ____________________________________________

16. List any current physical health problems _____________________________________________________

17. List Prescription, herbal, or over-the-counter medications ____________________________________________

18. If you have any current or previous experiences with counseling or therapy, provide the following information.

<table>
<thead>
<tr>
<th>Name of counselor or agency</th>
<th>Reason for counseling</th>
<th># of sessions</th>
<th>How helpful was counseling?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

19. Answer the following questions for the family in which you grew up. SEVERITY = The IMPACT on YOU.

In your childhood family, were there problems with:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Frequency</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Once</td>
<td>Some</td>
</tr>
<tr>
<td>Emotional Abuse: Swearing, insults, threats</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Physical Abuse: Slapping, hitting, throwing things</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sexual Abuse: Being touched or touching someone sexually, forced sex</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Emotional Neglect: Unloved, ignored, rejected</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Physical Neglect: Not properly clothed, not fed, not taken to doctor (not because you were too poor)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother Was Treated Violently: She was pushed, bit, slapped, kicked, punched, threatened with knife/gun</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Substance Use and Abuse: Alcohol abuse, drug use, or prescription abuse</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Household Mental Illness: Depression, mental illness</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Attempted Suicide or Suicide</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Parental Separation or Divorce</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

20. How much did someone else pressure you to come for therapy? Circle the best answer.

<table>
<thead>
<tr>
<th>Pressure Level</th>
<th>Not at All</th>
<th>A Little Pressure</th>
<th>Somewhat Pressured</th>
<th>Quite Pressured</th>
<th>Very Pressured</th>
</tr>
</thead>
</table>

21. Starting with the most important, please list the problems that brought you to therapy?

   A. ___________________________ B. ___________________________ C. ___________________________

22. Do you consider the problems that brought you to therapy to be the responsibility of:

   E. Yourself
   B. Your Spouse/Partner
   C. One of your Children
   F. You and your Spouse/Partner
   E. The Whole Family

23. Who referred you to the MFT clinic? Circle the best answer.

   A. Friend
   B. Spouse/Partner
   C. Teacher
   D. Minister/Clergy
   E. Physician
   F. Former/Current Client
   G. Self-Referral
   H. Advertising (specify) Other: ___________________________

24. Have you hired a lawyer or are you in litigation? Circle the best answer.

   YES   NO

25. Are you currently in counseling with one or more other therapists? Circle the best answer.

   YES   NO