

Name:
Therapist ID:

Session:
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. 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 year?

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 year?

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

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

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
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 them?	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 last 2 weeks.

Over the last 2 weeks, how often have you been bothered by any of the following problems? Circle the best answer.

	<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		1	2	3
3. Trouble falling or staying asleep, or sleeping too much		1	2	3
4. Feeling tired or having little energy		1	2	3
5. Poor appetite or overeating		1	2	3
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down		1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television		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		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		1	2	3
13. Worrying too much about different things		1	2	3
14. Trouble relaxing.....0		1	2	3
15. Being so restless that it is hard to sit still		1	2	3
16. Becoming easily annoyed or irritable		1	2	3
17. Feeling afraid as if something awful might happen		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 report your: **Height:** _____ **Weight:** _____

1. During the last month how many times have **you** visited medical providers such as primary care or family doctors, internists,

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 including dosage and prescriber

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

<u>Name of counselor or agency</u>	<u>Reason for counseling</u>	<u># of sessions</u>	<u>How helpful was counseling?</u>		
			<i>Not at all</i>	<i>Somewhat helpful</i>	<i>Very helpful</i>
_____	_____	_____	1	2	3
_____	_____	_____	1	2	3

19. Answer the following questions for your **childhood** and the **family in which you grew up.**

In your <u>childhood and family years</u> , were there problems with:	<u>Severity</u>			
	Mild	Moderate	Severe	
1. Emotional Abuse: Swearing, insults, threats	N/A	1	2	3
2. Physical Abuse: Slapping, hitting, throwing things	N/A	1	2	3
3. Sexual Abuse: Being touched or touching someone sexually, forced sex	N/A	1	2	3
4. Emotional Neglect: Unloved, ignored, rejected.....	N/A	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	N/A	1	2	3
7. Substance Use and Abuse: Alcohol abuse, drug use, or prescription abuse.....	N/A	1	2	3
8. Household Mental Illness: Depression, mental illness	N/A	1	2	3
9. Attempted Suicide or Suicide	N/A	1	2	3

