



PARTNER RELATIONSHIP ASSESSMENT

This assessment will help identify behavioral patterns in a relationship. Each partner must fill out the assessment individually and confidentially. Do not share your answers with your partner.

Email _____

First and Last Name _____

Phone Number _____

Date _____

PART 1

*Circle the number that indicates the frequency for each statement.
(1 = Never, 5 = Always)*

My partner works toward implementing the changes I request.

Never 1 2 3 4 5 Always

I have the freedom to be myself around my partner.

Never 1 2 3 4 5 Always

My partner is patient with me.

Never 1 2 3 4 5 Always

My partner takes the time to understand me.

Never 1 2 3 4 5 Always

PART 2

My partner often blames something or someone else when things go wrong.

Never 1 2 3 4 5 Always

To end an argument, I often have to give in.

Never 1 2 3 4 5 Always

My partner is sometimes impatient or rude to service workers.

Never 1 2 3 4 5 Always

My partner often corrects or criticizes me.

Never 1 2 3 4 5 Always

My partner criticizes my friends and family.

Never 1 2 3 4 5 Always

I feel intimidated by my partner.

Never 1 2 3 4 5 Always

I feel that I do not measure up to my partner's expectations.

Never 1 2 3 4 5 Always

My partner is chronically late for things.

Never 1 2 3 4 5 Always

My partner checks up on me, texts me often, or monitors what I am doing.

Never 1 2 3 4 5 Always

My partner has a temper.

Never 1 2 3 4 5 Always

My partner has physically hurt themselves or me.

Never 1 2 3 4 5 Always

My partner tells me what to do.

Never 1 2 3 4 5 Always

I feel pressure in the physical aspects of our relationship.

Never 1 2 3 4 5 Always

PART 3

BEHAVIORS THAT OCCUR DURING ARGUMENTS

If either you or your partner displays one of these behaviors during conflict, mark the appropriate column with an X. (You may mark both yourself and your partner, if applicable.)

	Me	My Spouse	Neither
Ridiculing the partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distorting what the partner says	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distorting what happened in an earlier interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Me	My Spouse	Neither
Criticizing in a way that is harsh, undeserved, or frequent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provoking guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smirking, rolling the eyes, or making contemptuous facial expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yelling or shouting the partner down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using name-calling, insults, or put-downs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking toward the partner in an intimidating way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blocking a doorway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatening to harm the partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrediting the partner's perspective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not listening to the partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any additional information to share that would help us better understand your situation? If yes, please describe.