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**Couple Screening Form**

**Directions**: Select the items that Apply

**MOODS:** (ex. Irritability, depression etc.)

My moods are a problem to the relationship.

 How?:

My partner’s moods are a problem to the relationship.

How?:

**ALCOHOL and SUBSTANCE USE**

[ ]  My use of alcohol is excessive.

[ ]  My use of prescription or illegal drugs is a problem

[ ]  My partner uses alcohol excessively

[ ]  My partner’s use of prescription or illegal drugs is a problem

**AGGRESSION**

[ ]  My temper adversely affects our relationship

[ ]  I have been verbally abusive to my partner

[ ]  I have been physically abusive to my partner

[ ]  My partner’s temper adversely affects our relationship

[ ]  My partner has been verbally abusive to me

[ ]  My partner has been physically abusive to me

[ ]  Our fights and arguments are very destructive to our relationship

**AFFAIRS**

[ ]  I have had an affair during our relationship (or an inappropriate outside relationship.)

[ ]  I am currently having an affair (or an inappropriate outside relationship.)

[ ]  My partner has had an affair during our relationship (or an inappropriate outside relationship.)

[ ]  My partner is currently having an affair (or an inappropriate outside relation.)

**SATISFACTION AND COMMITMENT**

      % I am committed to staying in our relationship.

      % Overall how satisfied are you now in your relationship?

**Directions**:

 In percentage terms, how strongly do you agree with the statements below.

Use this scale to answer the questions below.

**\_\_\_0\_\_ \_\_\_\_25%\_\_ \_\_\_\_50%\_\_\_\_\_\_75%\_\_\_\_\_\_100%\_\_\_**

**Not at All Slightly Moderately Very Exteremely**

**% I feel disorganized by all this negative emotion.**

**% I can’t think straight when my partner gets so negative.**

**% Talking things over with my partner only seems to make them worse.**

**% I have little confidence that we can discuss a significant problem without fighting.**

**% I am basically unhappy with my relationship.**

**% I have often felt like leaving my partner.**

**% I often don’t feel close to my partner**

**% I’m not satisfied with our sex life.**

**% I feel lonely in our relationship.**

**% I feel we are disconnected.**

**% My partner and I live pretty separate lives.**

**% I conifde in a special person outside of our relationship. Who?**

**% There are specific events in our relationship which I am having trouble getting over.**

 **What?**

**% In spite of all our problems, I believe that my partner really cares about me.**