**Logo, company name

Description automatically generated**

**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.**