

Anchored Vision: Family therapy Services, PLLC

Couples Intake

* Each partner should complete the intake.

Client Name: _____

Date of Birth: _____

Client address: _____

May I correspond by email Y / N

Email address: _____

Client Social Security Number: _____

Emergency Contact: _____

(Initial here) _____ *I understand that my therapist may contact the emergency client listed here if it is determined that the client's safety may be at risk.*

Are you involved in any legal proceedings (e.g., child custody disputes, divorce proceedings, etc.) which may involve your therapist? Y / N If yes, please describe.

Marital Status:

Single _____ Married _____ Divorced _____ Domestic Partner _____ Widowed _____ Other _____

Employment Status:

Full Time _____ Part Time _____ Full Time Student _____ Part Time Student _____ Unemployed _____

Please fill in the following information as completely as possible. All information is covered by our confidentiality policy in the Disclosure Statement. If printing, use the back of form as necessary.

1) Briefly describe why you have decided to seek counseling now. Please check any of the concerns or symptoms listed below that you are currently experiencing:

- | | |
|---|---|
| <input type="checkbox"/> marriage/relationship problems | <input type="checkbox"/> anger/irritability |
| <input type="checkbox"/> difficulties with family | <input type="checkbox"/> mood swings |
| <input type="checkbox"/> difficulties with friends | <input type="checkbox"/> loss of temper/outbursts |
| <input type="checkbox"/> school problems | <input type="checkbox"/> Overindulgence |
| <input type="checkbox"/> step-family problems | <input type="checkbox"/> physical abuse of self (current or past) |
| <input type="checkbox"/> divorce issues | <input type="checkbox"/> verbal/emotional abuse (current or past) |
| <input type="checkbox"/> serious physical illness (self or family) | <input type="checkbox"/> loss of interest in previous activities |
| <input type="checkbox"/> health concerns (self or family) | <input type="checkbox"/> recurrent flashbacks |
| <input type="checkbox"/> fatigue/low energy | <input type="checkbox"/> trouble with memory or concentration |
| <input type="checkbox"/> death of family member or friend | <input type="checkbox"/> confusion |
| <input type="checkbox"/> anxiety/worry/nervousness | <input type="checkbox"/> much fantasy or daydreaming |
| <input type="checkbox"/> panic attacks | <input type="checkbox"/> hyperactivity/attention problems |
| <input type="checkbox"/> perfectionism | <input type="checkbox"/> headaches/stomach aches |
| <input type="checkbox"/> guilt/shame feelings | <input type="checkbox"/> sexual problems |
| <input type="checkbox"/> trouble sleeping | <input type="checkbox"/> sexual identity concerns |
| <input type="checkbox"/> depressed mood/sadness | <input type="checkbox"/> identity concerns |
| <input type="checkbox"/> suicidal thoughts | <input type="checkbox"/> feelings of unreality |
| <input type="checkbox"/> self-injury | <input type="checkbox"/> obsessive thoughts/excessive fears |
| <input type="checkbox"/> eating habits | <input type="checkbox"/> unusual thoughts or perceptions |
| <input type="checkbox"/> Bullying/ getting bullied | <input type="checkbox"/> excessive energy |
| <input type="checkbox"/> anger/irritability/outbursts | <input type="checkbox"/> impulsive decisions or actions |
| <input type="checkbox"/> mood swings | <input type="checkbox"/> difficulty trusting others |
| <input type="checkbox"/> Screen/media Time | <input type="checkbox"/> low self-esteem |
| <input type="checkbox"/> aggressive/violent behaviors | <input type="checkbox"/> avoidance of conflict |
| <input type="checkbox"/> concern about alcohol/drug use | <input type="checkbox"/> withdrawn, isolating |
| <input type="checkbox"/> physical abuse of self (current or past) | <input type="checkbox"/> shy/uneasy around others |
| <input type="checkbox"/> verbal/emotional abuse (current or past) | <input type="checkbox"/> fear of failure |
| <input type="checkbox"/> reluctant to leave home or familiar neighborhood | <input type="checkbox"/> fear of disapproval |
| <input type="checkbox"/> concerns about behavior/habits/ compulsions | <input type="checkbox"/> difficulty making independent decisions |
| <input type="checkbox"/> concern about lying or dishonesty with others | <input type="checkbox"/> feelings of futility/loss of hope |
| | <input type="checkbox"/> loss of joy in living |
| | <input type="checkbox"/> physical abuse of others |
| | <input type="checkbox"/> Problems at work or work/life balance |

Check the response which best applies.

My current concerns and symptoms are:

My current symptoms developed:

___ Continuation of a long-standing condition

___ Recent worsening of an on-going condition

___ The reoccurrence of a previous condition

___ Significantly different from any previous condition

___ My first occurrence of any condition

___ Suddenly (within the past 4 weeks)

___ Gradually (one to several months ago)

___ Very gradually (over the past year or longer)

GOALS AND SUPPORT NETWORK:

What specific goals would you like to accomplish during your time in therapy?

- 1.
- 2.
- 3.

Of these goals, what would you like to have happen first? How do you think your life will be different when you complete your goals?

How hopeful are you that things can get better?

Dear couples,

Thank you for considering Anchored Vision for your relationship counseling. As mentioned in the disclosure statement, I have completed Levels 1 and II training in Gottman Method Couple's Therapy. This method is the cornerstone of my relationship work. It is designed to deepen friendship and intimacy in your relationship and give you tools to manage conflict. I also use interventions from other modalities, such as Emotionally Focused Therapy (EFT).

The questionnaires below have been carefully chosen to create a comprehensive look at important areas of relationship functioning. While not exhaustive, these questions will be the starting point for our work together. My hope is that this process will help you begin thinking about your relationship in a new way. This process is designed to highlight your current beliefs about the unique strengths and areas of vulnerability in your relationship experience.

At our first meeting, I will communicate the overall plan of the assessment process to build your expectations about what will happen and why. The assessment helps me conceptualize treatment and build my rapport with each partner. The assessment phase is completed in three sessions. In the first session, I will meet with both partners together for 80-90 minutes. In the second session, I will meet with each of you individually for 50 minutes. Finally, in the third session I will meet with both both of you again for 80-90 minutes to begin treatment planning. I encourage your feedback and questions.

The Sound Relationship House Questionnaires (5 item scale)

Love Maps

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALS E
I can tell you some of my partner's life dreams.	<input type="checkbox"/>	<input type="checkbox"/>
I can list the relatives my partner likes the least.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is familiar with what are my current stresses.	<input type="checkbox"/>	<input type="checkbox"/>
I can list my partner's major aspirations and hopes in life.	<input type="checkbox"/>	<input type="checkbox"/>
I know my partner's major current worries.	<input type="checkbox"/>	<input type="checkbox"/>

Fondness and Admiration System

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALS E
My partner really respects me.	<input type="checkbox"/>	<input type="checkbox"/>
I feel loved and cared for in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
Romance is something our relationship definitely still has in it.	<input type="checkbox"/>	<input type="checkbox"/>
When I come into a room, my partner is glad to see me.	<input type="checkbox"/>	<input type="checkbox"/>
My partner appreciates the things I do in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>

Turning Towards or Away

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALS E
I really enjoy discussing things with my partner.	<input type="checkbox"/>	<input type="checkbox"/>
We always have a lot to say to each other.	<input type="checkbox"/>	<input type="checkbox"/>
We have a lot of fun together in our everyday lives.	<input type="checkbox"/>	<input type="checkbox"/>
We really have a lot of interests in common.	<input type="checkbox"/>	<input type="checkbox"/>
We like to do a lot of the same things.	<input type="checkbox"/>	<input type="checkbox"/>

Negative Sentiment Override

Fill this form out thinking about your immediate past (last 2 to 4 weeks) or a recent discussion of an existing issue. Read each statement and place a check mark in the appropriate TRUE or FALSE box.

IN THE RECENT PAST IN MY RELATIONSHIP, GENERALLY	TRUE	FALSE
I felt innocent of blame for this problem.	<input type="checkbox"/>	<input type="checkbox"/>
I felt unjustly accused	<input type="checkbox"/>	<input type="checkbox"/>
I felt personally attacked.	<input type="checkbox"/>	<input type="checkbox"/>
I felt unjustly criticized.	<input type="checkbox"/>	<input type="checkbox"/>
I wanted the negativity to just stop.	<input type="checkbox"/>	<input type="checkbox"/>

Harsh Startup

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRUE	FALSE
Arguments often seem to come out of nowhere.	<input type="checkbox"/>	<input type="checkbox"/>
I seem to always get blamed for issues.	<input type="checkbox"/>	<input type="checkbox"/>
My partner criticizes my personality.	<input type="checkbox"/>	<input type="checkbox"/>
Our calm is suddenly shattered.	<input type="checkbox"/>	<input type="checkbox"/>
I find my partner's negativity unnerving and unsettling.	<input type="checkbox"/>	<input type="checkbox"/>

Accepting Influence

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRUE	FALSE
I generally want my partner to feel influential in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I can listen to my partner, but only up to a point.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a lot of basic common sense.	<input type="checkbox"/>	<input type="checkbox"/>
I don't reject my partner's opinions out of hand.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is basically a great help as a problem solver.	<input type="checkbox"/>	<input type="checkbox"/>

Repair Attempts

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

DURING OUR ATTEMPTS TO RESOLVE CONFLICT BETWEEN US	TRU E	FALS E
We are good at taking breaks when we need them.	<input type="checkbox"/>	<input type="checkbox"/>
Even when arguing, we can maintain a sense of humor.	<input type="checkbox"/>	<input type="checkbox"/>
We are pretty good listeners even when we have different positions on things.	<input type="checkbox"/>	<input type="checkbox"/>
If things get heated, we can usually pull out of it and change things.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is good at soothing me when I get upset.	<input type="checkbox"/>	<input type="checkbox"/>

Compromise

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

DURING OUR ATTEMPTS TO RESOLVE CONFLICT BETWEEN US	TRU E	FALS E
We are usually good at resolving our differences.	<input type="checkbox"/>	<input type="checkbox"/>
We both believe in meeting each other halfway when we disagree.	<input type="checkbox"/>	<input type="checkbox"/>
In discussing issues, we can usually find our common ground of agreement.	<input type="checkbox"/>	<input type="checkbox"/>
Yielding power is not very difficult for me.	<input type="checkbox"/>	<input type="checkbox"/>
Give and take in making decisions is not a problem in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>

Gridlock on Perpetual Issues

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRU E	FALS E
We keep hurting each other whenever we discuss our core issues.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a long list of basically unreasonable demands.	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel respected when we disagree.	<input type="checkbox"/>	<input type="checkbox"/>
My partner often acts in a selfish manner.	<input type="checkbox"/>	<input type="checkbox"/>
When we discuss our issues, my partner acts as if I am totally wrong and he or she is totally right.	<input type="checkbox"/>	<input type="checkbox"/>

The Four Horsemen

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRU E	FALS E
I have to defend myself because the charges against me are so unfair.	<input type="checkbox"/>	<input type="checkbox"/>
I often feel unappreciated by my partner.	<input type="checkbox"/>	<input type="checkbox"/>
My partner doesn't face issues responsibly and maturely.	<input type="checkbox"/>	<input type="checkbox"/>
I am just not guilty of many of the things I get accused of.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a lot of trouble being rational and logical.	<input type="checkbox"/>	<input type="checkbox"/>

Flooding

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRU E	FALS E
Our discussions get too heated.	<input type="checkbox"/>	<input type="checkbox"/>
I have a hard time calming down.	<input type="checkbox"/>	<input type="checkbox"/>
One of us is going to say something we will regret.	<input type="checkbox"/>	<input type="checkbox"/>
I think to myself, "Why can't we talk more logically?"	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a long list of unreasonable demands.	<input type="checkbox"/>	<input type="checkbox"/>

Emotional Disengagement and Loneliness

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRU E	FALS E
I often find myself disappointed in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I will at times find myself quite lonely in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for my deepest feelings to get much attention in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
There is not enough closeness between us.	<input type="checkbox"/>	<input type="checkbox"/>
I have adapted to a lot in this relationship, and I am not so sure it's a good idea.	<input type="checkbox"/>	<input type="checkbox"/>

Quality of Sex, Romance, and Passion in the Relationship

For each item check the one box below that applies to your relationship right now:

1. Our relationship is	<input type="radio"/>	Romantic and passionate
	<input type="radio"/>	Becoming passionless, that is, the fire is going out
2. I would say that	<input type="radio"/>	My partner is still verbally affectionate
	<input type="radio"/>	My partner is not very verbally affectionate
3. I would say that	<input type="radio"/>	My partner expresses love and admiration to me
	<input type="radio"/>	My partner expresses love or admiration less frequently these days
4. I would say that	<input type="radio"/>	We do touch each other a fair amount
	<input type="radio"/>	We rarely touch each other these days
5. I would say that	<input type="radio"/>	My partner courts me sexually
	<input type="radio"/>	My partner does not court me sexually
6. I would say that	<input type="radio"/>	We do cuddle with one another
	<input type="radio"/>	We rarely cuddle with one another
7. I would say that	<input type="radio"/>	We still have our tender and passionate moments
	<input type="radio"/>	We have few tender or passionate moments
8. I would say that	<input type="radio"/>	Our sex life is fine
	<input type="radio"/>	There are definite problems in this area
9. I would say that	<input type="radio"/>	The frequency of sex is not a problem
	<input type="radio"/>	The frequency of sex is a problem
10. I would say that	<input type="radio"/>	The satisfaction I get from sex is not a problem
	<input type="radio"/>	The satisfaction I get from sex is a problem
11. I would say that	<input type="radio"/>	Being able to just talk about sex, or talk about sexual problems is not a serious issue between us
	<input type="radio"/>	Being able to just talk about sex, or talk about sexual problems is a serious issue between us
12. I would say that	<input type="radio"/>	The two of us generally want the same thing sexually
	<input type="radio"/>	The two of us want different things sexually
13. I would say that	<input type="radio"/>	Differences in desire are not an issue in this relationship
	<input type="radio"/>	Differences in desire are an issue in this relationship
14. I would say that	<input type="radio"/>	The amount of love in our lovemaking is not a problem
	<input type="radio"/>	The amount of love in our lovemaking is a problem

Shared Meanings Questionnaire

We want you to think about how well you and your partner have been able to create a sense of shared meaning in your lives together. We think that when people become committed to one another they create a new culture, and some relationships also involve the union of two very different cultures. But even if two people are coming from the same regional, cultural, ethnic, and religious backgrounds, they will have been raised in two very different families, and their merging involves the creation of a new culture.

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

YOUR RITUALS

True

False

Reunions at the end of each day in our home are generally special times in my day.	<input type="checkbox"/>	<input type="checkbox"/>
During weekends, we do a lot of things together that we enjoy and value.	<input type="checkbox"/>	<input type="checkbox"/>
I really look forward to and enjoy our vacations and the travel we do together.	<input type="checkbox"/>	<input type="checkbox"/>
When we do errands together, we generally have a good time.	<input type="checkbox"/>	<input type="checkbox"/>
We have ways of becoming renewed and refreshed when we are burned out or fatigued.	<input type="checkbox"/>	<input type="checkbox"/>

YOUR ROLES

True

False

We share many similar values in our roles as lovers and partners.	<input type="checkbox"/>	<input type="checkbox"/>
My partner and I have compatible views about the role of work in one's life.	<input type="checkbox"/>	<input type="checkbox"/>
My partner and I have similar philosophies about balancing work and family life.	<input type="checkbox"/>	<input type="checkbox"/>
My partner supports what I would see as my basic mission in life.	<input type="checkbox"/>	<input type="checkbox"/>
My partner shares my views on the importance of family and kin (sisters, brothers, moms, dads) in our life together.	<input type="checkbox"/>	<input type="checkbox"/>

YOUR GOALS

True

False

If I were to look back on my life in very old age, I think I would see that our paths in life had meshed very well.	<input type="checkbox"/>	<input type="checkbox"/>
My partner values my own accomplishments.	<input type="checkbox"/>	<input type="checkbox"/>
My partner honors my own very personal goals, unrelated to my relationship.	<input type="checkbox"/>	<input type="checkbox"/>
We have very similar financial goals.	<input type="checkbox"/>	<input type="checkbox"/>
Our hopes and aspirations, as individuals and together, for our children, for our life in general, and for our old age are quite compatible.	<input type="checkbox"/>	<input type="checkbox"/>

YOUR SYMBOLS

True

False

We see eye-to-eye about what "home" means.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar views about the role of sex in our lives.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar views about the role of love and affection in our lives.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar values about the importance and meaning of money in our lives.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar values about "autonomy" and "independence."	<input type="checkbox"/>	<input type="checkbox"/>

TRUST

Instructions: For the following items answer the degree to which you agree or disagree with each item by checking the box under Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. There were important times when my partner has not been there for me emotionally when I was really in need.					
2. My partner has been or is emotionally involved with someone else, which feels like a betrayal.					
3. My partner has been or is sexually involved with someone else, which feels like a betrayal.					
4. I don't have much trust in any relationship.					
5. Once, when I really needed to turn to my partner for emotional support, I was terribly disappointed and left utterly alone.					
6. Sometimes I don't feel important to my partner.					
7. My partner has forced me to do some things against my principles, or to do things that I find objectionable, repulsive, or disgusting.					
8. My partner lies to me.					
9. There are some wounds my partner has created that can never fully heal between us.					
10. My trust in this relationship has been seriously shattered.					
11. I don't feel that I am my partner's first or even major priority in his or her life.					
12. My partner has cheated me and I feel betrayed by that.					
13. My partner has betrayed me financially.					
14. When going through hard times in our relationship, I don't feel I can count on my partner to be there for me.					
15. Our vows aren't really sacred to my partner.					
16. My partner can be deceitful with me in many ways.					
17. When I get sick I am abandoned by my partner.					
18. I can't really count on my partner.					
19. If I should have financial problems my financial problems are totally my own. I cannot rely on my partner to help me out.					
20. I suspect that my partner has betrayed our relationship contract in the past.					
21. My partner is not really loyal to me.					

COMMITMENT

Instructions: For the following items answer the degree to which you agree or disagree with each item by checking the box under Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. I feel confident that my partner will stay in this relationship even if we are going through hard times.					
2. When I am feeling bad, my partner is willing to meet my needs.					
3. During a fight, my partner does not threaten to leave me.					
4. I am committed to this relationship.					
5. I consider my relationship rock solid.					
6. I would refuse to have sex with a person other than my partner.					
7. I will sometimes make major sacrifices for my partner even if it goes against what I need.					
8. I make sure that my partner feels loved by me.					
9. When my partner is sick, I think it is very important that I take care of him or her.					
10. When I compromise with my partner, I don't feel controlled and manipulated.					
11. Being a team is sometimes more important to me than my own needs					
12. I feel that my partner's financial security is in part my responsibility.					
13. If my partner were in emotional trouble, I would be there 100%.					
14. After an argument, I am not thinking that I could be happier with someone else.					
15. During a fight, I do not threaten to leave my partner.					
16. I am not waiting for someone better to come along.					
17. We are not usually engaged in a power struggle.					
18. I want to stay with my partner forever.					
19. I would avoid flirting if it made my partner feel insecure.					
20. No matter what's going on, I never fantasize about divorce or separation.					
21. No matter how bad things get I never long for the days when I was single.					

COMMITMENT (continued)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
22. I never envy my friends who are single.					
23. I never fantasize about what life would be like being someone else's partner.					
24. I love it when my partner and I dream about our future together.					
25. I love thinking about my partner and I growing old together					
26. My worst nightmare is my partner dying before me.					
27. I feel loved by my partner.					

The Gottman 19 Areas Checklist for Solvable and Perpetual Problems

Instructions. Please think about how things are RIGHT NOW in each of the following areas of your relationship. Think about each area of your life together, and decide if this area is fine or if it needs improvement. For each of the statements below, check the box that best describes your relationship.

1. We are staying emotionally connected, or becoming emotionally distant.

Check all the specific items below:	Not a problem	Is a problem
Just simply talking to each other	<input type="checkbox"/>	<input type="checkbox"/>
Staying emotionally in touch with each other	<input type="checkbox"/>	<input type="checkbox"/>
Feeling taken for granted	<input type="checkbox"/>	<input type="checkbox"/>
Don't feel my partner knows me very well right now	<input type="checkbox"/>	<input type="checkbox"/>
Partner is (or I am) emotionally disengaged	<input type="checkbox"/>	<input type="checkbox"/>
Spending time together	<input type="checkbox"/>	<input type="checkbox"/>
Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.		

2. We are handling job and other stresses effectively, or experiencing the "spill-over" of other stresses.

3. We are handling issues or disagreements well, or gridlocking on one or more issues.

<i>Check all the specific items below:</i>	Not a problem	Is a problem
Differences have arisen between us that feel very basic.	<input type="checkbox"/>	<input type="checkbox"/>
These differences seem unresolvable.	<input type="checkbox"/>	<input type="checkbox"/>
We are living day-to-day with hurts.	<input type="checkbox"/>	<input type="checkbox"/>
Our positions are getting entrenched.	<input type="checkbox"/>	<input type="checkbox"/>
It looks like I will never get what I hope for.	<input type="checkbox"/>	<input type="checkbox"/>
I am very worried that these issues may damage our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

4. Our relationship is romantic and passionate, or is becoming passionless; the fire is going out.

<i>Check all the specific items below:</i>	Not a problem	Is a problem
My partner has stopped being verbally affectionate.	<input type="checkbox"/>	<input type="checkbox"/>
My partner expresses love or admiration less frequently.	<input type="checkbox"/>	<input type="checkbox"/>
We rarely touch each other.	<input type="checkbox"/>	<input type="checkbox"/>
My partner (or I) have stopped feeling very romantic.	<input type="checkbox"/>	<input type="checkbox"/>
We rarely cuddle.	<input type="checkbox"/>	<input type="checkbox"/>
We have few tender or passionate moments.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

5. Our sex life is fine, or There are problems in this area.

<i>Check all the specific items below:</i>	Not a problem	Is a problem
The frequency of sex.	<input type="checkbox"/>	<input type="checkbox"/>
The satisfaction I (or my partner) get from sex.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to talk about sexual problems.	<input type="checkbox"/>	<input type="checkbox"/>
The two of us wanting different things sexually.	<input type="checkbox"/>	<input type="checkbox"/>
Problems of desire.	<input type="checkbox"/>	<input type="checkbox"/>
The amount of love in our lovemaking.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

6. An important event (e.g., changes in job or residence, the loss of a job or loved one, an illness) has occurred in our lives. Yes No

The relationship is dealing with this well or is not dealing with this well

<i>Check all the specific items below:</i>	Not a problem	Is a problem
We have very different points of view on how to handle things.	<input type="checkbox"/>	<input type="checkbox"/>
This event has led my partner to be very distant.	<input type="checkbox"/>	<input type="checkbox"/>
This event has made us both irritable.	<input type="checkbox"/>	<input type="checkbox"/>
This event has led to a lot of fighting.	<input type="checkbox"/>	<input type="checkbox"/>
I'm worried about how this will all turn out.	<input type="checkbox"/>	<input type="checkbox"/>
We are now taking up very different positions.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

7. Major issues about children have arisen (this could be about whether to be parents). Yes No

The relationship is dealing with this well or is not dealing with this well

<i>Check all the specific items below:</i>	Not a problem	Is a problem
We have very different points of view on goals for children.	<input type="checkbox"/>	<input type="checkbox"/>
We have different positions on what to discipline children for.	<input type="checkbox"/>	<input type="checkbox"/>
We have different positions on how to discipline children.	<input type="checkbox"/>	<input type="checkbox"/>
We have issues about how to be close to our children.	<input type="checkbox"/>	<input type="checkbox"/>
We are not talking about these issues very well.	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of tension or anger about these differences.	<input type="checkbox"/>	<input type="checkbox"/>
Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.		

8. Major issues/events have arisen about in-laws, a relative, or relatives.

Yes No

The relationship is dealing with this well or is not dealing with this well

<i>Check all the specific items below:</i>	Not a problem	Is a problem
I feel unaccepted by my partner's family.	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes wonder which family my partner is in.	<input type="checkbox"/>	<input type="checkbox"/>
I feel unaccepted by my own family.	<input type="checkbox"/>	<input type="checkbox"/>
There is tension between us about what might happen.	<input type="checkbox"/>	<input type="checkbox"/>
This issue has generated a lot of irritability.	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about how this is going to turn out.	<input type="checkbox"/>	<input type="checkbox"/>
Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.		

9. Being attracted to other people or jealousy is not an issue, *or* My partner is flirtatious or there may be a recent extra-relationship affair

<i>Check all the specific items below:</i>	Not a problem	Is a problem
This area is a source of a lot of hurt.	<input type="checkbox"/>	<input type="checkbox"/>
This is an area that creates insecurity.	<input type="checkbox"/>	<input type="checkbox"/>
I can't deal with the lies.	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to re-establish trust.	<input type="checkbox"/>	<input type="checkbox"/>
There is a feeling of betrayal.	<input type="checkbox"/>	<input type="checkbox"/>
It's hard to know how to heal this.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

10. There has been a recent extra-relationship affair (or I suspect there is one), *or* This is not an issue

<i>Check all the specific items below:</i>	Not a problem	Is a problem
This is a source of a lot of pain.	<input type="checkbox"/>	<input type="checkbox"/>
This has created insecurity.	<input type="checkbox"/>	<input type="checkbox"/>
I can't deal with the deception and lying.	<input type="checkbox"/>	<input type="checkbox"/>
I can't stop being angry.	<input type="checkbox"/>	<input type="checkbox"/>
I can't deal with my partner's anger.	<input type="checkbox"/>	<input type="checkbox"/>
I want this to be over but it seems to never end.	<input type="checkbox"/>	<input type="checkbox"/>
I am tired of apologizing.	<input type="checkbox"/>	<input type="checkbox"/>
It's hard to trust again.	<input type="checkbox"/>	<input type="checkbox"/>
I feel that our relationship has been violated.	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to know how to heal this.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

11. When disagreements arise, we resolve issues well, or unpleasant fights have occurred

<i>Check all the specific items below:</i>	Not a problem	Is a problem
There are more fights now.	<input type="checkbox"/>	<input type="checkbox"/>
The fights seem to come out of nowhere.	<input type="checkbox"/>	<input type="checkbox"/>
Anger and irritability have crept into our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
We get into muddles where we are hurting each other.	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel very respected lately.	<input type="checkbox"/>	<input type="checkbox"/>
I feel criticized.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

12. We are in synchrony on basic values and goals, or Differences between us in these areas or in desired lifestyle are emerging.

<i>Check all the specific items below:</i>	Not a problem	Is a problem
Differences have arisen in life goals.	<input type="checkbox"/>	<input type="checkbox"/>
Differences have arisen about important beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
Differences have arisen on leisure time interests.	<input type="checkbox"/>	<input type="checkbox"/>
We seem to be wanting different things out of life.	<input type="checkbox"/>	<input type="checkbox"/>
We are growing in different directions.	<input type="checkbox"/>	<input type="checkbox"/>
I don't much like who I am with my partner.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

13. Very hard events (for example, violence, drugs, an affair) have occurred within the relationship. Yes No

The relationship is dealing with this well or is not dealing with this well

Check all the specific items below:	Not a problem	Is a problem
There has been physical violence between us.	<input type="checkbox"/>	<input type="checkbox"/>
There is a problem with alcohol or drugs.	<input type="checkbox"/>	<input type="checkbox"/>
This is turning into a relationship I hadn't bargained for.	<input type="checkbox"/>	<input type="checkbox"/>
The "contract" of our couples relationship is changing.	<input type="checkbox"/>	<input type="checkbox"/>
I find some of what my partner wants upsetting or repulsive.	<input type="checkbox"/>	<input type="checkbox"/>
I am now feeling somewhat disappointed by this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.		

14. We work well as a team, or are not working very well as a team right now

Check all the specific items below:	Not a problem	Is a problem
We used to share more of the household's workload.	<input type="checkbox"/>	<input type="checkbox"/>
We seem to be pulling in opposite directions.	<input type="checkbox"/>	<input type="checkbox"/>
My partner does not share in housework or family chores.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is not carrying weight financially.	<input type="checkbox"/>	<input type="checkbox"/>
I feel alone in managing our family.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is not being very considerate.	<input type="checkbox"/>	<input type="checkbox"/>
Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.		

15. We are coping well with issues of power or influence, or We are having trouble in this area

<i>Check all the specific items below:</i>	Not a problem	Is a problem
I don't feel influential in decisions we make.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has become more domineering.	<input type="checkbox"/>	<input type="checkbox"/>
I have become more demanding.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has become passive.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is "spacey," not a strong force in our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I am starting to care a lot more about who is running things.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

16. We are handling issues of finances well, or We are having trouble in this area

<i>Check all the specific items below:</i>	Not a problem	Is a problem
I or my partner just doesn't bring in enough money.	<input type="checkbox"/>	<input type="checkbox"/>
We have differences about how to spend our money.	<input type="checkbox"/>	<input type="checkbox"/>
We are stressed about finances.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is financially more interested in self than in us.	<input type="checkbox"/>	<input type="checkbox"/>
We are not united in managing our finances.	<input type="checkbox"/>	<input type="checkbox"/>
There is not enough financial planning.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

17. We are doing well having fun together, or not having very much fun together

<i>Check all the specific items below:</i>	Not a problem	Is a problem
We don't seem to have very much time for fun.	<input type="checkbox"/>	<input type="checkbox"/>
We try, but don't seem to enjoy our times together very much.	<input type="checkbox"/>	<input type="checkbox"/>
We are too stressed for fun.	<input type="checkbox"/>	<input type="checkbox"/>
Work takes up all our time these days.	<input type="checkbox"/>	<input type="checkbox"/>
Our interests are so different now that there are no fun things we like to do together.	<input type="checkbox"/>	<input type="checkbox"/>
We plan fun things to do, but they never happen.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

18. We are feeling close in building/being a part of the community together, or not feeling close in building/being a part of the community together

<i>Check all the specific items below:</i>	Not a problem	Is a problem
Being involved with friends and other people or groups	<input type="checkbox"/>	<input type="checkbox"/>
Caring about the institutions that build communities	<input type="checkbox"/>	<input type="checkbox"/>
Putting time into the institutions of community (e.g., school, agencies)	<input type="checkbox"/>	<input type="checkbox"/>
Doing projects or work for charity.	<input type="checkbox"/>	<input type="checkbox"/>
Doing other good deeds for members of the community.	<input type="checkbox"/>	<input type="checkbox"/>
Taking a leadership role in the service of community.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		

19. We are feeling very close in the area of spirituality together, or not doing well in that area these days

Check all the specific items below:	Not a problem	Is a problem
Sharing the same beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
Agreeing about religious ideas and values.	<input type="checkbox"/>	<input type="checkbox"/>
Issues about specific house of worship (mosque, church, synagogue).	<input type="checkbox"/>	<input type="checkbox"/>
Communicating well about spiritual things.	<input type="checkbox"/>	<input type="checkbox"/>
Issues that are about spiritual growth and change.	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual issues involving our family.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</p>		