

RELATIONSHIP EVALUATION

Name _____

Date _____

Part 1. Check the answer that most closely applies.

1. When you and your partner have a disagreement, the result is usually:
a. I give in ____ b. My partner gives in ____ c. We work out a compromise ____
d. We don't reach an agreement ____
2. Do you ever wish the two of you had not gotten together?
a. Frequently ____ b. Occasionally ____ c. Rarely ____ d. Never ____
3. What would you do if you could live your life over again?
a. Get together with the same person ____ b. Get together with a different person ____
c. Be by yourself ____
4. Do you share secrets or discuss personal problems with your partner?
a. Almost never ____ b. Rarely ____ c. Usually ____ d. Always ____
5. Do you and your partner engage in activities together?
a. Almost never ____ b. Rarely ____ c. Usually ____ d. Always ____

Part 2. Put a check in the box in front of the words or phrases that describe how you have felt in your relationship recently.

Recently, in our relationship I felt:

- | | |
|---|--|
| <input type="checkbox"/> Hurt | <input type="checkbox"/> Misunderstood |
| <input type="checkbox"/> Hopeful | <input type="checkbox"/> Like my partner is trying |
| <input type="checkbox"/> Like giving up | <input type="checkbox"/> My partner is always negative |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Disappointed |
| <input type="checkbox"/> Controlled | <input type="checkbox"/> That I don't trust my partner |
| <input type="checkbox"/> Supported | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Unjustly accused | <input type="checkbox"/> Hopeless |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> A lot of emotional pain |
| <input type="checkbox"/> Like trying again | <input type="checkbox"/> Like we might work it out |
| <input type="checkbox"/> Personally attacked | <input type="checkbox"/> Unjustly attacked |
| <input type="checkbox"/> Like getting even | <input type="checkbox"/> Manipulated |
| <input type="checkbox"/> That I still care | <input type="checkbox"/> I can trust my partner |
| <input type="checkbox"/> Like it's useless to try | <input type="checkbox"/> Like I don't care |
| <input type="checkbox"/> Suspicious of my partner's motives | <input type="checkbox"/> Like I need to protect myself |

Part 3. Check the square over the phrase that best describes how happy or unhappy you are in your present relationship.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Unhappy	Unhappy	Somewhat Unhappy	Satisfied	Somewhat Happy	Happy	Very Happy	

Part 4. Answer “true” to each of the following statements if you mostly agree and “false” if you mostly disagree.

- | | | |
|--|-------------------------------|--------------------------------|
| 1. I feel more and more lonely in this relationship. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 2. We don't share our deep feelings any more. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 3. We aren't very intimate with each other any more. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 4. Sometimes our relationship feels empty. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 5. Recently we spend less time together. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 6. We have become distant from each other. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 7. We aren't really good friends right now. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 8. Essentially we live separate lives. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 9. Our relationship is in very serious trouble. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 10. Our arguments are getting worse. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 11. There has been violence in our relationship recently. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 12. I can't stand being so upset in our relationship any more. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 13. Our arguments quickly get out of control. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 14. We have recently talked about separation/divorce. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 15. We are angry much of the time when we are together. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 16. I am ready to leave this relationship. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 17. The same problems keep coming up again and again. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 18. We rarely make much progress on our core issues. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 19. In some areas things aren't changing or getting better. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 20. When we discuss our hot topics, I feel criticized and misunderstood. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 21. We don't see eye-to-eye on several important issues. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 22. We have disagreements about fundamental issues. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 23. We keep hurting each other whenever we discuss our core issues. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 24. No matter how hard we try, we can't seem to agree on things that matter. | True <input type="checkbox"/> | False <input type="checkbox"/> |

Part 5. For each topic indicate how much disagreement you and your partner have about each topic: Little or none, Moderate or Serious. Then in the blank write down approximately how long this has been an area of disagreement.

For Example:

We disagree about	Seriously	Moderately	Little or none	How long?
Alcohol and Drugs	<input type="checkbox"/>	:	<input type="checkbox"/>	<u>3 years</u>

This indicates that you disagree moderately about alcohol and drugs and this has been a problem for about 3 years.

We disagree about	Seriously	Moderately	Little or none	How long?
Money and finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol and drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recreation and having fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jealousy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
In-laws and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Who is in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
How anger is expressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expression of love and affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Our goals and direction in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Balancing work and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Time spent together and apart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Basic values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please write down any other areas of disagreement:

We disagree about	Seriously	Moderately	Little or none	How long?
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Part 6. Check a square following each of the following statements as it applies to your relationship. Mark **True** if you agree or mostly agree with the statement, **False** if you disagree or mostly disagree with the statement and **Somewhat True** if the statement only partially applies to your relationship.

	True	Somewhat True	False
1. The passion has gone out of our relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. We seldom express our love for each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. We aren't very romantic any more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We don't cuddle any more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. We aren't tender with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. We don't seem to have time for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. We are too stressed to have fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. We spend all our time working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. We may plan to do fun things but they never happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. We don't seem to enjoy our times together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 7. In this section you will be exploring and sharing some of your hopes and goals for therapy, in your relationship and in your life. If you need more space you can use the back of this sheet or add another sheet.

Goals for Therapy

What would you like to accomplish in therapy?

What changes would you like to see in these areas of your relationship?

Conflict

Love and affection

Working together, cooperation

How will you know you have reached your goals for therapy?

Relationship Goals

What are your mutual goals in this relationship? (Starting a family, financial security, comfortable retirement, support for reaching career goals, owning a house, mutual comfort and love, etc.)

Individual Goals

What are your personal goals and dreams in life? (Career goals, hobbies, travel, recognition, environmental work, good income, be respected, be creative, spiritual or religious activities, etc.)