

Relationship Questionnaire

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Emergency: Crisis Line 3720-883-6387 or 911

Name: _____ Date: _____

Partners Name: _____

Address: _____

Phone
Number: _____

Email: _____

Please complete the following questionnaire without reviewing or discussing your partner's answers.

Directions: [?] *Check the items that apply*

MOODS: (ex. irritability, depression etc.)

___ My moods are a problem to the relationship. Mood: _____
ALCOHOL and SUBSTANCE USE

___ My partner's moods are a problem to the relationship. Mood: _____

___ My use of alcohol is excessive
___ My use of prescription or illegal drugs is a problem

___ My partner's use of prescription or illegal drugs is a problem

___ My partner's uses alcohol excessively
AGGRESSION

___ My temper affects our relationship
___ I have been verbally abusive to my partner
___ I have been physically abusive to my partner

___ I have pushed, grabbed or shoved the other
___ I have slapped, punch, hit or bit my partner

___ My partner's temper affects our relationship

___ My partner threatened to hit or throw something at me

___ My partner has been physically abusive to me

___ I threatened to hit or throw something at my partner

___ My partner has been verbally abusive to me

___ My partner has slapped, punch, hit or bit me

___ Our fights and arguments are very destructive to our relationship.

Infidelity (emotional affair, sexual affair, pornography, other...)

___ I have had an inappropriate outside outside my relationship: _____

___ My partner has had an inappropriate outside relationship: _____

	Strongly Disagree	Moderately Disagree	Moderately Agree	Strongly Agree
I am happy with Degree of Closeness, Openness, Sharing and Comforting				
Expression of Affection and Caring is good				
I am satisfied with our Sexual Intimacy				
There are specific events in our relationship which I am having trouble getting over.				
We can Handle Conflicts and Arguments				
Handling Family finances is a significant issue				
My partner and I live pretty separate lives.				
Handling of Parenting Issues is an issue				
I feel Handling of Household Tasks is good				
Common Interests and Social Life are aligned				
I often don't feel close to my partner.				
My partner has respect for me				
I have Respect and Admiration for my Partner				
I am Satisfied with my Role in the Relationship				
I am Satisfied with my Partner's Role in the Relationship				
I feel lonely in our relationship.				

I have little confidence that we can discuss a significant problem without fighting.				
I have often feel like leaving my partner.				
In spite of all our problems, I believe that my partner really cares about me.				

SATISFACTION AND COMMITMENT

_____ % I am committed to staying in our relationship. _____ % Satisfied with your relationship

On the scale below, please circle the number that best describes the degree of happiness you experience in the relationship based on what you have already experienced in this relationship.

0= extremely unhappy (I want to end the relationship) 10= Extremely Happy

1 2 3 4 5 6 7 8 9 10

Comments: _____

Signature: _____

Spouse Signature: _____