

Therapist ID:

Sex:

Session #:

Client #:

Name:

## AUBURN UNIVERSITY MARRIAGE AND FAMILY THERAPY CLINIC

### *Committed Relationship Follow-up*

**This first section will focus on the couple relationship and relationship dynamics. All information is confidential.**

1. Please indicate the degree of happiness, all things considered, of your relationship. Circle the best answer.

<i>Extremely Unhappy</i>	<i>Fairly Unhappy</i>	<i>A Little Unhappy</i>	<i>Happy</i>	<i>Very Happy</i>	<i>Extremely Happy</i>	<i>Perfect</i>
0	1	2	3	4	5	6

	<i>All the Time</i>	<i>Most Times</i>	<i>More than Not</i>	<i>Occasionally</i>	<i>Rarely</i>	<i>Never</i>
	5	4	3	2	1	0

	<i>Not at All True</i>	<i>A little True</i>	<i>Somewhat True</i>	<i>Mostly True</i>	<i>Completely True</i>	<i>Completely True</i>
	0	1	2	3	4	5

3. Our relationship is strong .....

4. My relationship with my partner makes me happy .....

5. I have a warm and comfortable relationship with my partner .....

	<i>Not at All</i>	<i>A Little</i>	<i>Some-what</i>	<i>Mostly</i>	<i>Almost Completely</i>	<i>Completely</i>
	0	1	2	3	4	5

6. I really feel like part of a team with my partner? .....

7. How rewarding is your relationship with your partner? .....

8. How well does your partner meet your needs? .....

9. To what extent has your relationship met your original expectations? .....

10. In general, how satisfied are you with your relationship? .....

Select the answer that best describes ***how you feel about your relationship***. Focus on your first impressions and immediate feelings.

11. Interesting	5	4	3	2	1	0	Boring
12. Bad	0	1	2	3	4	5	Good
13. Full	5	4	3	2	1	0	Empty
14. Sturdy	5	4	3	2	1	0	Fragile
15. Discouraging	0	1	2	3	4	5	Hopeful
16. Enjoyable	5	4	3	2	1	0	Miserable

Over the past 4 weeks, **how satisfied have you been:**

	<i>Very Dissatisfied</i>	<i>Moderately Dissatisfied</i>	<i>Equally Satisfied/ Dissatisfied</i>	<i>Moderately Satisfied</i>	<i>Very Satisfied</i>
	1	2	3	4	5

1. With the amount of emotional closeness during sexual activity between you and your partner? .....

2. With your sexual relationship with your partner? .....

3. How satisfied have you been with your overall sexual life? .....

How often have you experienced the following symptoms over the last two months? *Never-----Often*

4. Sexual problems .....	0	1	2	3
5. Low sex drive .....	0	1	2	3
6. Sexual over-activity .....	0	1	2	3
7. Not feeling satisfied with your sex life .....	0	1	2	3
8. Having sex that you didn't enjoy .....	0	1	2	3
9. Bad thoughts or feelings during sex .....	0	1	2	3

10. Being Confused about your sexual feelings .....	0	1	2	3
11. Sexual feelings when you shouldn't have them .....	0	1	2	3

Circle the number that indicates how each argument description fits your relationship:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. My partner tends to discount my opinion .....	1	2	3	4	5
2. My partner does not listen to me .....	1	2	3	4	5
3. When I want to talk about a problem in our relationship, my partner often refuses to talk with me .....	1	2	3	4	5
4. My partner tends to dominate our conversations.....	1	2	3	4	5
5. When we do not agree on an issue, my partner gives me the cold shoulder .....	1	2	3	4	5
6. I feel free to express my opinion about issues in our relationship.....	1	2	3	4	5
7. My partner makes decisions that affect our family without talking to me first.....	1	2	3	4	5
8. My partner and I talk about problems until we both agree on a solution .....	1	2	3	4	5
9. I feel like my partner tries to control me .....	1	2	3	4	5
10. When it comes to money, my partner's opinion usually wins out.....	1	2	3	4	5
11. When it comes to children, my partner's opinion usually wins out .....	1	2	3	4	5
12. It often seems my partner can get away with things in our relationship that I can never get away with .....	1	2	3	4	5
13. I have no choice but to do what my partner wants .....	1	2	3	4	5
14. My partner has more influence in our relationship than I do .....	1	2	3	4	5
15. When disagreements arise in our relationship, my partner's opinion usually wins out. ....	1	2	3	4	5

Using the following key, how often did **YOU** do the following during the PAST 4 WEEKS?

	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
	<i>Never</i>	<i>Once</i>	<i>Twice</i>	<i>3-5 Times</i>	<i>6-10 Times</i>	<i>11-20 Times</i>	<i>More than 20 Times</i>	<i>Happened but Not in Past Year</i>
1. Threw something (but not at a family member) or smashed something.....	0	1	2	3	4	5	6	7
2. Threatened to hit or throw something at a family member.....	0	1	2	3	4	5	6	7
3. Threw something at family member.....	0	1	2	3	4	5	6	7
4. Pushed, grabbed, or shoved a family member .....	0	1	2	3	4	5	6	7
5. Hit (or tried to hit) a family member but <i>not</i> with anything hard .....	0	1	2	3	4	5	6	7
6. Hit (or tried to hit) a family member with something hard .....	0	1	2	3	4	5	6	7

Using the same key as above, how often did **YOUR PARTNER** do the following during the PAST 4 WEEKS?

1. Threw something (but not at a family member) or smashed something.....	0	1	2	3	4	5	6	7
2. Threatened to hit or throw something at a family member.....	0	1	2	3	4	5	6	7
3. Threw something at family member.....	0	1	2	3	4	5	6	7
4. Pushed, grabbed, or shoved a family member .....	0	1	2	3	4	5	6	7
5. Hit (or tried to hit) a family member but <i>not</i> with anything hard .....	0	1	2	3	4	5	6	7
6. Hit (or tried to hit) a family member with something hard .....	0	1	2	3	4	5	6	7

Please indicate how much each argument description fits your relationship.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. By the end of an argument, each of us has been given a fair hearing .....	1	2	3	4	5
2. When we begin to fight or argue, I think, "Here we go again." .....	1	2	3	4	5
3. Overall, I'd say we're pretty good at solving our problems. ....	1	2	3	4	5
4. Our arguments are left hanging and unresolved.....	1	2	3	4	5

5. We go for days without settling our differences.....	1	2	3	4	5
6. Our arguments seem to end in frustrating stalemates.....	1	2	3	4	5
7. We need to improve the way we settle our differences.....	1	2	3	4	5
8. Overall, our arguments are brief and quickly forgotten .....	1	2	3	4	5

Please circle the most accurate answer applicable for your intimate partner relationship for the last month.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. All I see ahead of me are bad experiences within this relationship.....	1	2	3	4
2. There's no use in really trying to get my needs met within this relationship.....	1	2	3	4
3. No matter how hard I try I can't make things better for myself within this relationship .....	1	2	3	4
4. I haven't been able to turn this relationship around, nor do I believe that it will ever happen ....	1	2	3	4
5. My desires are never really considered within this relationship.....	1	2	3	4
6. I am about to give up, because I don't expect this relationship to change .....	1	2	3	4

**The next section will focus on your individual symptoms related to depression and anxiety over the last 2 weeks.**

	<i>All the Time</i>	<i>Most Times</i>	<i>More than Half the Time</i>	<i>Less than Half the Time</i>	<i>Some- Times</i>	<i>At No Time</i>
1. Have you felt low in spirits or sad? .....	5	4	3	2	1	0
2. Have you lost interest in your daily activities?.....	5	4	3	2	1	0
3. Have you felt lacking in energy and strength? .....	5	4	3	2	1	0
4. Have you felt less self- confident?.....	5	4	3	2	1	0
5. Have you had a bad conscience or feelings of guilt?.....	5	4	3	2	1	0
6. Have you felt that life wasn't worth living?.....	5	4	3	2	1	0
7. Have you had difficulty in concentrating, e.g. when reading the newspaper or watching TV? .....	5	4	3	2	1	0
8. (A) Have you felt very restless? .....	5	4	3	2	1	0
(B) Have you felt subdued or slowed down?.....	5	4	3	2	1	0
9. Have you had trouble sleeping at night?.....	5	4	3	2	1	0
10. (A) Have you suffered from reduced appetite? .....	5	4	3	2	1	0
(B) Have you suffered from increased appetite? .....	5	4	3	2	1	0

	<i>Not at All</i>	<i>Several Days</i>	<i>More than Half the Days</i>	<i>Nearly Every Day</i>
1. Feeling nervous, anxious or on edge .....	0	1	2	3
2. Not being able to stop or control worrying.....	0	1	2	3
3. Worrying too much about different things .....	0	1	2	3
4. Trouble relaxing.....	0	1	2	3
5. Being so restless that it is hard to sit still.....	0	1	2	3
6. Becoming easily annoyed or irritable.....	0	1	2	3
7. Feeling afraid as if something awful might happen.....	0	1	2	3

	<i>Not Difficult</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
8. How difficult have these problems made it for you to do your work, take care of the home, or get along with others?.....	0	1	2	3

**The next section will focus on health, sleep, and stress.** Would you be willing to report your: **Weight:** \_\_\_\_\_

1. Circle the best answer. In general, would you say your health is      *Excellent*      *Very Good*      *Good*      *Fair*      *Poor*

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Circle the best answer.

- a. Moderate activities, (e.g. moving a table, vacuuming, or golf)      *Yes, limited a lot*      *Yes, limited a little*      *No, not at all*  
b. Climbing several flights of stairs      *Yes, limited a lot*      *Yes, limited a little*      *No, not at all*

3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health (such as feeling depressed or anxious)?

- a. Accomplished less than you would like      *Yes*      *No*  
b. Were limited in the kind of work or other activities      *Yes*      *No*

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- a. Accomplished less than you would like      *Yes*      *No*  
b. Did work or other activities less carefully than usual      *Yes*      *No*

5. During the past 4 weeks, how much did pain interfere with your normal work (including both housework and work outside the home)? Circle the best answer.

*Not at All*      *A Little Bit*      *Moderately*      *Quite a Bit*      *Extremely*

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks

- |  | <i>All of the Time</i> | <i>Most of the Time</i> | <i>A Good Bit of the Time</i> | <i>Some of the Time</i> | <i>A Little of the Time</i> | <i>None of the Time</i> |
|--|------------------------|-------------------------|-------------------------------|-------------------------|-----------------------------|-------------------------|
| a. Have you felt calm and peaceful? .....    | 1                      | 2                       | 3                             | 4                       | 5                           | 6                       |
| b. Did you have a lot of energy? .....       | 1                      | 2                       | 3                             | 4                       | 5                           | 6                       |
| c. Have you felt downhearted and blue? ..... | 1                      | 2                       | 3                             | 4                       | 5                           | 6                       |

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? Circle the best answer.

*All of the Time*      *Most of the Time*      *Some of the Time*      *A Little of the Time*      *None of the Time*

8. During the last month how many times have **you** visited medical providers such as primary care or family doctors, internists, surgeons or medical specialists, physicians assistants or medical nurse practitioners as an outpatient? \_\_\_\_\_

9. During the last month how many nights have **you** stayed in a hospital? \_\_\_\_\_

10. Do **you** have health insurance? Circle the best answer.      NO      YES

**How often during the past 4 weeks did you...**

- |   | <i>All of the Time</i> | <i>Most of the Time</i> | <i>Some of the Time</i> | <i>A Little of the Time</i> | <i>None of the Time</i> |
|---|------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|
| 1. Get enough sleep to feel rested upon waking in the morning? .....    | 1                      | 2                       | 3                       | 4                           | 5                       |
| 2. Awaken short breath or with a headache? .....                        | 1                      | 2                       | 3                       | 4                           | 5                       |
| 3. Have trouble falling asleep? .....                                   | 1                      | 2                       | 3                       | 4                           | 5                       |
| 4. Awaken during your sleep time and have trouble falling asleep? ..... | 1                      | 2                       | 3                       | 4                           | 5                       |

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 5. Have trouble staying awake during the day? ..... | 1 | 2 | 3 | 4 | 5 |
| 6. Get the amount of sleep you needed? .....        | 1 | 2 | 3 | 4 | 5 |

The questions in this scale ask you about your **feelings and thoughts** during the last month.

		<i>Never</i>	<i>Almost Never</i>	<i>Sometimes</i>	<i>Fairly Often</i>	<i>Very Often</i>
1.	How often have you been upset because of something that happened unexpectedly?.....	0	1	2	3	4
2.	How often have you felt that you were unable to control the important things in your life? .....	0	1	2	3	4
3.	How often have you felt nervous and “stressed”? .....	0	1	2	3	4
4.	How often have you felt confident about your ability to handle your personal problems?.....	0	1	2	3	4
5.	How often have you felt that things were going your way? .....	0	1	2	3	4
6.	How often have you found that you could not cope with all the things that you had to do? .....	0	1	2	3	4
7.	How often have you been able to control irritations in your life? .....	0	1	2	3	4
8.	How often have you felt that you were on top of things?.....	0	1	2	3	4
9.	How often have you been angered because of things that were outside of your control?.....	0	1	2	3	4
10.	How often have you felt difficulties were piling up so high that you could not overcome them? .....	0	1	2	3	4