

Therapist ID:

Session #:

Date:

Client #:

Name:

## AUBURN UNIVERSITY MARRIAGE AND FAMILY THERAPY CLINIC

*Committed Relationship Intake*

**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.

*Extremely Unhappy*    *Fairly Unhappy*    *A Little Unhappy*    *Happy*    *Very Happy*    *Extremely Happy*    *Perfect*  
0                      1                      2                      3                      4                      5                      6

*All the Time*    *Most Times*    *More than Not*    *Occasionally*    *Rarely*    *Never*

2. How often do you think things between you and your partner are going well?.....5                      4                      3                      2                      1                      0

*Not at All True*    *A little True*    *Somewhat True*    *Mostly True*    *Completely True*    *Completely True*  
0                      1                      2                      3                      4                      5

3. Our relationship is strong ..... 0                      1                      2                      3                      4                      5

4. My relationship with my partner makes me happy ..... 0                      1                      2                      3                      4                      5

5. I have a warm and comfortable relationship with my partner..... 0                      1                      2                      3                      4                      5

*Not at All*    *A Little*    *Some-what*    *Mostly*    *Almost Completely*    *Completely*  
0                      1                      2                      3                      4                      5

6. I really feel like part of a team with my partner? ..... 0                      1                      2                      3                      4                      5

7. How rewarding is your relationship with your partner?..... 0                      1                      2                      3                      4                      5

8. How well does your partner meet your needs? ..... 0                      1                      2                      3                      4                      5

9. To what extent has your relationship met your original expectations? ..... 0                      1                      2                      3                      4                      5

10. In general, how satisfied are you with your relationship?..... 0                      1                      2                      3                      4                      5

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:**

*Very Dissatisfied*    *Moderately Dissatisfied*    *Equally Satisfied/Dissatisfied*    *Moderately Satisfied*    *Very Satisfied*

1. With the amount of emotional closeness during sexual activity between you and your partner?.....1                      2                      3                      4                      5

2. With your sexual relationship with your partner? .....1                      2                      3                      4                      5

3. How satisfied have you been with your overall sexual life? .....1                      2                      3                      4                      5

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 year?

<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 year?

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 number which most accurately matches each statement concerning how you feel in romantic relationships.

		<i>Disagree Strongly-----Neutral/Mixed-----Agree Strongly</i>						
1.	It helps to turn to my romantic partner in times of need .....	1	2	3	4	5	6	7
2.	I need a lot of reassurance that I am loved by my partner.....	1	2	3	4	5	6	7
3.	I want to get close to my partner, but I keep pulling back.....	1	2	3	4	5	6	7

*Disagree Strongly-----Neutral/Mixed-----Agree Strongly*

4. I find that my partner doesn't want to get as close as I would like .....	1	2	3	4	5	6	7
5. I turn to my partner for many things, including comfort and reassurance .....	1	2	3	4	5	6	7
6. My desire to be very close sometimes scares people away .....	1	2	3	4	5	6	7
7. I try to avoid getting too close to my partner.....	1	2	3	4	5	6	7
8. I do <u>not</u> worry about being abandoned .....	1	2	3	4	5	6	7
9. I usually discuss my problems and concerns with my partner .....	1	2	3	4	5	6	7
10. I get frustrated if romantic partners are not available when I need them .....	1	2	3	4	5	6	7
11. I am nervous when partners get too close to me.....	1	2	3	4	5	6	7
12. I worry that romantic partner won't care about me as much as I care about them .....	1	2	3	4	5	6	7

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

Please indicate the extent to which you tend to agree or disagree with each statement as a description of you right now.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I am doing something about the problems that have been bothering me .....	1	2	3	4	5
2. I am really working hard to change .....	1	2	3	4	5
3. I wish I had more ideas on how to solve the problem .....	1	2	3	4	5
4. I have started working on my problems but I would like help .....	1	2	3	4	5
5. Maybe this place will be able to help me .....	1	2	3	4	5
6. I may be part of the problems, but I don't really think I am.....	1	2	3	4	5
7. I hope that someone here will have some good advice for me.....	1	2	3	4	5
8. Anyone can talk about changing; I'm actually doing something about it.....	1	2	3	4	5
9. All this talk about psychology is boring. Why can't people just forget about their problems? .....	1	2	3	4	5
10. I have worries but so does the next guy. Why spend time thinking about them? .....	1	2	3	4	5
11. I am actively working on my problem.....	1	2	3	4	5
12. I would rather cope with my faults than try to change them .....	1	2	3	4	5

**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 report your: **Height:** \_\_\_\_\_ **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?

- 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*

11. Do **you** have a chronic illness? Circle the best answer.      *NO*      *YES*      If yes, please specify: \_\_\_\_\_

**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

**This section will focus on demographics.**

1. Your age: \_\_\_\_\_ 2. Your Sex: \_\_\_\_\_ 3. Partner Sex: \_\_\_\_\_ 4. Racial/Ethnic Group (Specify): \_\_\_\_\_
5. How many times have you been married? \_\_\_\_\_ 6. How many times has your partner been married? \_\_\_\_\_
7. Your current relationship/marital status is: Circle the best answer.  
*A. Single/Never Married   B. Married   C. Divorced   D. Separated*  
*E. Widowed   F. Committed Relationship (Not Living Together)   G. Committed Relationship (Living Together)*
8. Your current relationship length (years & months)? \_\_\_\_\_
9. How many biological, adopted, step-children under 18 live in your home at least 50% of the time? \_\_\_\_\_
10. How many total people live in your home? \_\_\_\_\_
11. What is the highest level of education you attained? Circle the best answer.  
*A. Junior High School or less   B. GED/High School   C. Vocational/Technical School*  
*D. Associate Degree/2 years   E. Bachelor Degree   F. Graduate/Professional Degree*
12. What is your combined gross income (before taxes) in the current year Circle the best answer  
*A. Under \$5,500   B. \$5,501 to \$11,999   C. \$12,000 to \$15,999*  
*D. \$16,000 to \$19,999   E. \$20,000 to \$24,999   F. \$25,000 to \$29,999*  
*G. \$30,000 to \$34,999   H. \$35,000 to \$39,999   I. \$40,000 to \$49,999*  
*J. \$50,000 to \$59,999   K. \$60,000 to \$69,999   L. \$70,000 to \$79,999*  
*M. \$80,000 to \$89,999   N. \$90,000 to \$99,999   O. \$100,000 or more*
13. Do you consider yourself to be: Circle the best answer.  
*A. Not Religious/Spiritual   B. Slightly Religious/Spiritual   C. Moderately Religious/Spiritual*  
*D. Very Religious/Spiritual   E. Strongly Religious/Spiritual*

14. What spiritual/religious activities do you and your partner do on a regular basis **together**? Circle all that apply.
- A. Walk/Exercise                      B. Pray or Fast                      C. Attend worship services  
D. Meditate                      E. Read Religious Books/Scriptures                      F. Observe Religious Holidays  
G. Pray for Partner/Spouse                      H. Attend Spiritual/Religious Retreats                      I. Volunteer Religion/Community

15. What is your current religious/spiritual preference? \_\_\_\_\_

16. List any current physical health problems \_\_\_\_\_

17. List Prescription, herbal, or over-the-counter medications \_\_\_\_\_

18. If you have any current or previous experiences with counseling or therapy, provide the following information.

Name of counselor or agency	Reason for counseling	# of sessions	How helpful was counseling?		
			Not at all	Somewhat helpful	Very helpful
_____	_____	_____	1	2	3
_____	_____	_____	1	2	3

19. Answer the following questions for the **family in which you grew up**. SEVERITY = The IMPACT on YOU.

In your <u>childhood family</u> , were there problems with:		Frequency			Severity		
		Once	Some	Often	Mild	Moderate	Severe
1. <b>Emotional Abuse:</b> Swearing, insults, threats .....	N/A	1	2	3	1	2	3
2. <b>Physical Abuse:</b> Slapping, hitting, throwing things .....	N/A	1	2	3	1	2	3
3. <b>Sexual Abuse:</b> Being touched or touching someone sexually, forced sex .....	N/A	1	2	3	1	2	3
4. <b>Emotional Neglect:</b> Unloved, ignored, rejected.....	N/A	1	2	3	1	2	3
5. <b>Physical Neglect:</b> Not properly clothed, not fed, not taken to doctor (not because you were too poor) .....	N/A	1	2	3	1	2	3
6. <b>Mother Was Treated Violently:</b> She was pushed, bit, slapped, kicked, punched, threatened with knife/gun .....	N/A	1	2	3	1	2	3
7. <b>Substance Use and Abuse:</b> Alcohol abuse, drug use, or prescription abuse .....	N/A	1	2	3	1	2	3
8. <b>Household Mental Illness:</b> Depression, mental illness .....	N/A	1	2	3	1	2	3
9. <b>Attempted Suicide or Suicide</b> .....	N/A	1	2	3	1	2	3
10. <b>Incarcerated Household Member</b> .....	N/A	1	2	3	1	2	3
11. <b>Parental Separation or Divorce</b> .....	N/A	1	2	3	1	2	3

20. How much did someone else pressure you to come for therapy? Circle the best answer.

Not at All                      A Little Pressure                      Somewhat Pressured                      Quite Pressured                      Very Pressured

21. Starting with the most important, please list the problems that brought you to therapy?

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

22. Do you consider the problems that brought you to therapy to be the responsibility of:

E. Yourself                      B. Your Spouse/Partner                      C. One of your Children  
F. You and your Spouse/Partner                      E. The Whole Family

23. Who referred you to the MFT clinic? Circle the best answer.

A. Friend                      B. Spouse/Partner                      C. Teacher                      D. Minister/Clergy                      E. Physician                      F. Former/Current Client  
G. Self-Referral                      H. Advertising (specify) \_\_\_\_\_ Other: \_\_\_\_\_

24. Have you hired a lawyer or are you in litigation? Circle the best answer.                      YES                      NO

25. Are you currently in counseling with one or more other therapists? Circle the best answer.                      YES                      NO