

Therapist ID # \_\_\_\_\_  
Client # \_\_\_\_\_

**Auburn University**  
**Marriage and Family Therapy Clinic**  
**Adult in Committed Relationship Follow Up**

Date \_\_\_\_\_  
Name \_\_\_\_\_

The following questions ask you to provide information about yourself and will be used by your therapist to better serve your therapeutic needs. Please answer each question as completely and honestly as possible. If a question does not apply to you write NA for Not Applicable. All information is confidential.

This questionnaire is to help us improve services. Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. "Here" refers to the place of treatment or the problem.

**1 = Strongly Disagree**

**2 = Disagree**

**3 = Undecided**

**4 = Agree**

**5 = Strongly Agree**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. As far as I'm concerned, I don't have any problems that need changing.   | 1 | 2 | 3 | 4 | 5 |
| 2. I think I might be ready for some self-improvement.  | 1 | 2 | 3 | 4 | 5 |
| 3. I am doing something about the problems that had been bothering me.  | 1 | 2 | 3 | 4 | 5 |
| 4. It might be worthwhile to work on my problem.  | 1 | 2 | 3 | 4 | 5 |
| 5. I'm not the problem one. It doesn't make much sense for me to be here.   | 1 | 2 | 3 | 4 | 5 |
| 6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.                                 | 1 | 2 | 3 | 4 | 5 |
| 7. I am finally doing some work on my problem.  | 1 | 2 | 3 | 4 | 5 |
| 8. I've been thinking that I might want to change something about myself.   | 1 | 2 | 3 | 4 | 5 |
| 9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.                                 | 1 | 2 | 3 | 4 | 5 |
| 10. At times my problem is difficult, but I'm working on it.  | 1 | 2 | 3 | 4 | 5 |
| 11. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.                                    | 1 | 2 | 3 | 4 | 5 |
| 12. I'm hoping that this place will help me to better understand myself.  | 1 | 2 | 3 | 4 | 5 |
| 13. I guess I have faults, but there's nothing that I really need to change.  | 1 | 2 | 3 | 4 | 5 |
| 14. I am really working hard to change.   | 1 | 2 | 3 | 4 | 5 |
| 15. I have a problem and I really think I should work at it.  | 1 | 2 | 3 | 4 | 5 |
| 16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem. | 1 | 2 | 3 | 4 | 5 |
| 17. Even though I'm not always successful in changing, I am at least working on my problems.  | 1 | 2 | 3 | 4 | 5 |
| 18. I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it.               | 1 | 2 | 3 | 4 | 5 |
| 19. I wish I had more ideas on how to solve the problem.  | 1 | 2 | 3 | 4 | 5 |
| 20. I have started working on my problems but I would like help.  | 1 | 2 | 3 | 4 | 5 |
| 21. Maybe this place will be able to help me.   | 1 | 2 | 3 | 4 | 5 |
| 22. I may need a boost right now to help me maintain the changes I've already made.   | 1 | 2 | 3 | 4 | 5 |
| 23. I may be part of the problems, but I don't really think I am.   | 1 | 2 | 3 | 4 | 5 |
| 24. I hope that someone here will have some good advice for me.   | 1 | 2 | 3 | 4 | 5 |
| 25. Anyone can talk about changing; I'm actually doing something about it.  | 1 | 2 | 3 | 4 | 5 |
| 26. All this talk about psychology is boring. Why can't people just forget about their problems?  | 1 | 2 | 3 | 4 | 5 |
| 27. I'm here to prevent myself from having a relapse of my problem.   | 1 | 2 | 3 | 4 | 5 |
| 28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.                                 | 1 | 2 | 3 | 4 | 5 |
| 29. I have worries but so does the next guy. Why spend time thinking about them?  | 1 | 2 | 3 | 4 | 5 |
| 30. I am actively working on my problem.  | 1 | 2 | 3 | 4 | 5 |
| 31. I would rather cope with my faults than try to change them.   | 1 | 2 | 3 | 4 | 5 |
| 32. After all I had done to try to change my problem, every now and again it comes back to haunt me.                                    | 1 | 2 | 3 | 4 | 5 |

Here is a list of things **you** might have done when you had a conflict or disagreement with a family member. We would like you to remember what went on during the past year. Please circle a number for each of the things listed below to show how often you did it **during the past year.**

**0 = Never**

**1 = Once last year**

**2 = Two or three times**

**3 = Often, but less than once a month**

**4 = About once a month**

**5 = More than once a month**

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

*Instructions:* The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Responding to each statement by indicating how much you agree or disagree with it. Write the number in the space provided, using the following rating scale

- |                   |   |               |   |                |
|-------------------|---|---------------|---|----------------|
| Disagree strongly |   | Neutral/mixed |   | Agree strongly |
| 1                 | 2 | 3             | 4 | 5              |
| 6                 |   |               |   | 7              |
- \_\_\_\_\_ 1. I prefer not to show a partner how I feel deep down.
  - \_\_\_\_\_ 2. I worry about being abandoned.
  - \_\_\_\_\_ 3. I am very comfortable being close to romantic partners.
  - \_\_\_\_\_ 4. I worry a lot about my relationship.
  - \_\_\_\_\_ 5. Just when my partner starts to get close to me I find myself pulling away.
  - \_\_\_\_\_ 6. I worry that romantic partners won't care about me as much as I care about them.
  - \_\_\_\_\_ 7. I get uncomfortable when a romantic partner wants to be very close.
  - \_\_\_\_\_ 8. I worry a fair amount about losing my partner.
  - \_\_\_\_\_ 9. I don't feel comfortable opening up to romantic partners.
  - \_\_\_\_\_ 10. I often wish that my partner's feeling for me were as strong as my feelings for him/her.
  - \_\_\_\_\_ 11. I want to get close to my partner, but I keep pulling back.
  - \_\_\_\_\_ 12. I often want to merge completely with romantic partners, and this sometimes scares them away.
  - \_\_\_\_\_ 13. I am nervous when partners get too close to me.
  - \_\_\_\_\_ 14. I worry about being alone.
  - \_\_\_\_\_ 15. I feel comfortable sharing my private thoughts and feelings with my partner.
  - \_\_\_\_\_ 16. My desire to be very close sometimes scares people away.
  - \_\_\_\_\_ 17. I try to avoid getting too close to my partner.
  - \_\_\_\_\_ 18. I need a lot of reassurance that I am loved by my partner.
  - \_\_\_\_\_ 19. I find it relatively easy to get close to my partner.
  - \_\_\_\_\_ 20. Sometimes I feel that I force my partner to show more feeling, more commitment.
  - \_\_\_\_\_ 21. I find it difficult to allow myself to depend on romantic partners.
  - \_\_\_\_\_ 22. I do not often worry about being abandoned.
  - \_\_\_\_\_ 23. I prefer not to be too close to romantic partners.
  - \_\_\_\_\_ 24. If I can't get my partner to show an interest in me, I get upset or angry.
  - \_\_\_\_\_ 25. I tell my partner just about everything.
  - \_\_\_\_\_ 26. I find that my partner(s) don't want to get as close as I would like.
  - \_\_\_\_\_ 27. I usually discuss my problems and concerns with my partner.
  - \_\_\_\_\_ 28. When I'm not involved in a relationship, I feel somewhat anxious and insecure.
  - \_\_\_\_\_ 29. I feel comfortable depending on romantic partners.
  - \_\_\_\_\_ 30. I get frustrated when my partner is not around as much as I would like.
  - \_\_\_\_\_ 31. I don't mind asking romantic partners for comfort, advice, or help.
  - \_\_\_\_\_ 32. I get frustrated if romantic partners are not available when I need them.
  - \_\_\_\_\_ 33. It helps to turn to my romantic partner in times of need.
  - \_\_\_\_\_ 34. When romantic partners disapprove of me, I feel really bad about myself.
  - \_\_\_\_\_ 35. I turn to my partner for many things, including comfort and reassurance.
  - \_\_\_\_\_ 36. I resent it when my partner spends time away from me.

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always agree	Almost Always Agree	Occasionally Agree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Religious matters	_____	_____	_____	_____	_____	_____
2. Demonstrations of affection	_____	_____	_____	_____	_____	_____
3. Making major decisions	_____	_____	_____	_____	_____	_____
4. Sex relations	_____	_____	_____	_____	_____	_____
5. Conventionality-correct/proper behavior	_____	_____	_____	_____	_____	_____
6. Career decisions	_____	_____	_____	_____	_____	_____

	All the time	Most of the time	More often than not	Occa- sionally	Rarely	Never
7. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	_____	_____	_____	_____	_____	_____
8. How often do you and your partner quarrel?	_____	_____	_____	_____	_____	_____
9. Do you ever regret that you married (or live together)?	_____	_____	_____	_____	_____	_____
10. How often do you and your mate "get on each other's nerves"?	_____	_____	_____	_____	_____	_____

	Every Day	Almost Every Day	Occasionally	Rarely	Never
11. Do you and your mate engage in outside interests together?	_____	_____	_____	_____	_____

**How often would you say the following events occur between you and your mate?**

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
12. Have a stimulating exchange of ideas	_____	_____	_____	_____	_____	_____
13. Work together on a project	_____	_____	_____	_____	_____	_____
14. Calmly discuss something	_____	_____	_____	_____	_____	_____

## Outcome Questionnaire (OQ<sup>®</sup>-45.2)

**Instructions:** Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark the box under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth. Please do not make any marks in the shaded areas.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ yrs.

Sex

ID# \_\_\_\_\_ M ☐ F ☐

Session # \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***SD IR SR***  
***DO NOT MARK BELOW***

- |   | Never                      | Rarely                     | Sometimes                  | Frequently                 | Almost Always              |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. I get along well with others.  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 2. I tire quickly.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3. I feel no interest in things.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 4. I feel stressed at work/school.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5. I blame myself for things.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 6. I feel irritated.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7. I feel unhappy in my marriage/significant relationship.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 8. I have thoughts of ending my life.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 9. I feel weak.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 10. I feel fearful.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 11. After heavy drinking, I need a drink the next morning to get going. (If you do not drink, mark "never") | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 12. I find my work/school satisfying.   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 13. I am a happy person.  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 14. I work/study too much.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 15. I feel worthless.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 16. I am concerned about family troubles.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 17. I have an unfulfilling sex life.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 18. I feel lonely.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 19. I have frequent arguments.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 20. I feel loved and wanted.  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 21. I enjoy my spare time.  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 22. I have difficulty concentrating.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 23. I feel hopeless about the future.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 24. I like myself.  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 25. Disturbing thoughts come into my mind that I cannot get rid of.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 26. I feel annoyed by people who criticize my drinking (or drug use). (If not applicable, mark "never")     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 27. I have an upset stomach.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 28. I am not working/studying as well as I used to.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 29. My heart pounds too much.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 30. I have trouble getting along with friends and close acquaintances.                                      | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 31. I am satisfied with my life.  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 32. I have trouble at work/school because of drinking or drug use. (If not applicable, mark "never")        | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 33. I feel that something bad is going to happen.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 34. I have sore muscles.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 35. I feel afraid of open spaces, of driving, or being on buses, subways, and so forth.                     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 36. I feel nervous.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 37. I feel my love relationships are full and complete.   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 38. I feel that I am not doing well at work/school.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 39. I have too many disagreements at work/school.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 40. I feel something is wrong with my mind.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 41. I have trouble falling asleep or staying asleep.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 42. I feel blue.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 43. I am satisfied with my relationships with others.   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 44. I feel angry enough at work/school to do something I might regret.                                      | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 45. I have headaches.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Developed by Michael J. Lambert, Ph.D. and Gary M. Burlingame, Ph.D.  
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**Total=**

### Couple Therapy Alliance Scale

Instructions: The following statements refer to your feelings and thoughts about your therapist and your therapy right NOW. Please work quickly. We are interested in your FIRST impressions. Your ratings are CONFIDENTIAL. They will not be shown to your therapist or other family members and will only be used for research purposes. Although some of the statements appear to be similar or identical, each statement is unique. PLEASE BE SURE TO RATE EACH STATEMENT.

Each statement is followed by a seven-point scale. Please rate the extent to which you agree or disagree with each statement AT THIS TIME. If you completely agree with the statement, circle number 7. If you completely disagree with the statement, circle number 1. Use the numbers in-between to describe variations between the extremes.

	Completely Agree 7	Strongly Agree 6	Agree 5	Neutral 4	Disagree 3	Strongly Disagree 2	Completely Disagree 1
1. The therapist cares about me as a person	7	6	5	4	3	2	1
2. The therapist and I are not in agreement about the goals for this therapy.	7	6	5	4	3	2	1
3. My partner and I help each other in this therapy.	7	6	5	4	3	2	1
4. My partner and I do not feel the same ways about what we want to get out of this therapy.	7	6	5	4	3	2	1
5. I trust the therapist.	7	6	5	4	3	2	1
6. The therapist lacks the skills and ability to help my partner and myself with our relationship.	7	6	5	4	3	2	1
7. My partner feels accepted by the therapist.	7	6	5	4	3	2	1
8. The therapist does not understand the relationship between my partner and myself.	7	6	5	4	3	2	1
9. The therapist understands my goals in therapy.	7	6	5	4	3	2	1
10. The therapist and my partner are not in agreement about the about the goals for this therapy.	7	6	5	4	3	2	1
11. My partner cares about the therapist as a person.	7	6	5	4	3	2	1
12. My partner and I do not feel safe with each other in this therapy.	7	6	5	4	3	2	1
13. My partner and I understand each other's goals for this therapy.	7	6	5	4	3	2	1
14. The therapist does not understand the goals that my partner and I have for ourselves in this therapy.	7	6	5	4	3	2	1
15. My partner and the therapists are in agreement about the way the therapy is being conducted.	7	6	5	4	3	2	1
16. The therapist does not understand me.	7	6	5	4	3	2	1
17. The therapist is helping my partner and me with our relationship.	7	6	5	4	3	2	1
18. I am not satisfied with the therapy.	7	6	5	4	3	2	1
19. My partner and I understand what each of us is doing in this therapy.	7	6	5	4	3	2	1
20. My partner and I do not accept each other in this therapy.	7	6	5	4	3	2	1
21. The therapist understands my partner's goals for this therapy.	7	6	5	4	3	2	1
22. I do not feel accepted by the therapist.	7	6	5	4	3	2	1
23. The therapist and I are in agreement about the way the therapy is being conducted.	7	6	5	4	3	2	1
24. The therapist is not helping me.	7	6	5	4	3	2	1
25. The therapist is in agreement with the goals that my partner and I have for ourselves as a couple in this therapy.	7	6	5	4	3	2	1
26. The therapist does not care about my partner as a person.	7	6	5	4	3	2	1
27. My partner and I are in agreement with each other about the goals of this therapy.	7	6	5	4	3	2	1
28. My partner and I are not in agreement about the things that each of us needs to do in this therapy.	7	6	5	4	3	2	1
29. The therapist has the skills and ability to help me.	7	6	5	4	3	2	1
30. The therapist is not helping my partner.	7	6	5	4	3	2	1

	Completely Agree 7	Strongly Agree 6	Agree 5	Neutral 4	Disagree 3	Strongly Disagree 2	Completely Disagree 1		
31. My partner is satisfied with the therapy.	7	6	5	4	3	2	1		
32. I do not care about the therapist as a person.	7	6	5	4	3	2	1		
33. The therapist has the skills and ability to help my partner.	7	6	5	4	3	2	1		
34. My partner and I are not pleased with the things that each of us does in this therapy.	7	6	5	4	3	2	1		
35. My partner and I trust each other in this therapy.	7	6	5	4	3	2	1		
36. My partner and I distrust the therapist.	7	6	5	4	3	2	1		
37. The therapist cares about the relationship between my partner and myself.	7	6	5	4	3	2	1		
38. The therapist does not understand my partner.	7	6	5	4	3	2	1		
39. My partner and I care about each other in this therapy.	7	6	5	4	3	2	1		
40. The therapist does not appreciate how important my relationship between my partner and myself is to me.	7	6	5	4	3	2	1		
41. I am comfortable disagreeing with or challenging my therapist.	7	6	5	4	3	2	1		
42. I want to share more with my therapist but keep pulling back.	7	6	5	4	3	2	1		
43. My therapist wants to know too much about me.	7	6	5	4	3	2	1		
44. I feel that I am wasting my therapist's time.	7	6	5	4	3	2	1		
45. I adapt what I learn in therapy to better fit my life.	7	6	5	4	3	2	1		
46. Talking over my problems with my therapist makes me feel ashamed or foolish.	7	6	5	4	3	2	1		
47. Even if I disagree with my therapist I would never say so.	7	6	5	4	3	2	1		
48. I worry about my therapist abandoning me.	7	6	5	4	3	2	1		
49. I feel hopeless when I leave therapy.	7	6	5	4	3	2	1		
50. It is hard for me to give up thinking about what was said in therapy.	7	6	5	4	3	2	1		
51. I don't follow through with ideas from therapy.	7	6	5	4	3	2	1		
52. I often think about calling my therapist between sessions.	7	6	5	4	3	2	1		
53. I feel anxious or nervous when I am around my therapist.	7	6	5	4	3	2	1		
54. I feel comfortable sharing my private thoughts and feelings with my therapist.	7	6	5	4	3	2	1		
55. I am worried that my therapist is getting tired of meeting with me.	7	6	5	4	3	2	1		
56. I am can often come up with solutions without talking to my therapist.	7	6	5	4	3	2	1		
57. If I know someone that desperately needed therapy I would refer them to my therapist.	7	6	5	4	3	2	1		

**For each of the next four paragraphs, use the same scale to indicate your agreement or disagreement with how much each one describes your therapy experience.**

1. It was relatively easy for me to feel connected to my therapist. I am comfortable depending on my therapist. I don't worry about my therapist not being there for me or not accepting me.	7	6	5	4	3	2	1
2. Being connected is important to me, but I sometimes worry that I want to be closer to my therapist then she/he is comfortable with. I worry that my therapist does not value me.	7	6	5	4	3	2	1
3. I am uncomfortable feeling connected to my therapist. It is very important for me to feel independent and self-sufficient, and I prefer not to depend on my therapist.	7	6	5	4	3	2	1
4. I am somewhat uncomfortable getting close to my therapist. I want to feel connected with my therapist but find it difficult to trust or depend on her/him. I worry that I will be hurt if I allow myself to open up too much with my therapist.	7	6	5	4	3	2	1
Please choose the one paragraph above which best or most often describes your therapy experience	1	2	3	4			