

Your name: \_\_\_\_\_

Date: \_\_\_\_\_

**1. What would you say is the most important thing you want to see change due to coming to couples counseling?**

**2. What is a strength for the two of you as a couple?**

<b>3. Have any of these things happened in your relationship? (circle one)</b>			
<b>a. Physical pushing, shoving, pinning or hitting</b>	Yes, this happened in the past year	Never	Not in the past year
<b>b. Not letting me do things I wanted to do (see friends, go on a trip, individual activities...)</b>	Yes, this happened in the past year	Never	Not in the past year
<b>c. Being jealous of relationships</b>	Yes, this happened in the past year	Never	Not in the past year
<b>d. Using a weapon, knife, gun or threatening to</b>	Yes, this happened in the past year	Never	Not in the past year
<b>e. Yelling, screaming, cursing or verbal attack</b>	Yes, this happened in the past year	Never	Not in the past year

**4. Is there any history of infidelity in your relationship?**

None	Yes, emotional affair only	Yes, physically romantic affair	Yes, there is a current relationship with someone else
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**If yes, please explain,**

**5. Have you used any illegal substances in the past year (marijuana, cocaine, LSD, drugs you were not prescribed, etc. This information is confidential). YES NO**

**If yes, please explain,**

### Clinical Couples Assessment of Relationship Elements (CARE)

Please rate your relationship on the following seven areas from 1- couldn't be worse to 7- couldn't be better.

Think about your relationship in terms of the last **2 weeks**.

	Couldn't be worse		Not bad not good			Couldn't be better	
<b>Communication</b>	1	2	3	4	5	6	7
<b>Resolution of differences</b>	1	2	3	4	5	6	7
<b>Freedom from blaming your partner when things go wrong</b>	1	2	3	4	5	6	7
<b>Willingness to admit to having hurt your partner and ask your partner for forgiveness</b>	1	2	3	4	5	6	7
<b>Ability to forgive your partner after a hurt</b>	1	2	3	4	5	6	7
<b>Intimacy &amp; Closeness</b>	1	2	3	4	5	6	7
<b>Central Values &amp; priorities of what is important in life</b>	1	2	3	4	5	6	7
<b>My thoughts about our relationship being positive and hopeful</b>	1	2	3	4	5	6	7
<b>Commitment to my partner for the long term</b>	1	2	3	4	5	6	7

Created by Worthington et al, 1997 & Ripley (2009)

### Relationship Efficacy Measure

**How do you feel about your ability to handles problems in your relationship? Please answer each.**

	Strongly Disagree					Strongly Agree	
<b>1. I have little control over the conflicts that occur between my partner and I.</b>	1	2	3	4	5	6	7
<b>2. There is no way I can solve some of the problems in my relationship.</b>	1	2	3	4	5	6	7

	Strongly Disagree	1	2	3	4	5	6	Strongly Agree
3. When I put my mind to it I can resolve just about any disagreement that comes up between my partner and I.	1	2	3	4	5	6	7	
4. I often feel helpless in dealing with the problems that come up in my relationship.	1	2	3	4	5	6	7	
5. Sometimes I feel that I have no say over issues that cause conflict between us.	1	2	3	4	5	6	7	
6. I am able to do the things needed to settle our conflicts.	1	2	3	4	5	6	7	
7. There is little I can do to resolve many of the important conflicts between my partner and I.	1	2	3	4	5	6	7	

### Dyadic Trust

Circle the number that indicates where, on a scale of 1 to 5, you would agree with these eight statements.

	Strongly Disagree	1	2	3	4	5	Strongly Agree
1. My partner is primarily interested in his (her) own welfare.	1	2	3	4	5		
2. There are times when my partner cannot be trusted.	1	2	3	4	5		
3. My partner is perfectly honest and truthful with me.	1	2	3	4	5		
4. I feel that I can trust my partner completely.	1	2	3	4	5		
5. My partner is truly sincere in his (her) promises.	1	2	3	4	5		
6. I feel that my partner does not show me enough consideration.	1	2	3	4	5		
7. My partner treats me fairly and justly.	1	2	3	4	5		
8. I feel that my partner can be counted on to help me.	1	2	3	4	5		