The Couples Center PLLC: Couples Questionnaire

The first set of questions is about how you feel about your marital relationship right now. Please answer questions 1 - 3 based on the following scale:

All of the time	Most of the time	More often than not	Occasionally	Rarely	Never				
0	1	2	3	4	5				
1. In general, how often do you think that things between you and your partner are going well?									
0	1	2	3	_4	_ 5				
2. Do you confide in your mate?									
0	1	2	3	_4	_ 5				
3. How often do you discuss or have you considered divorce, separation, or terminating your relationship?									
0	1	2	3	_4	_ 5				
4. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please check the dot which best describes the degree of happiness, all things considered, in your relationship.									
<mark>O</mark> 0	<mark>O</mark> 1	<mark>O</mark> 2	<mark>O</mark> 3	<mark>O</mark> 4	<mark>O</mark> 5				
Extremely unhappy	Fairly unhappy	A little unhappy	Нарру	Very happy					

5.	tre many reasons why some marriages end in divorce. Could you check all the reasons hat have been important in your marital situation?
	 How my spouse handles money
	 Growing apart
	 Not enough attention
	 Not able to talk together
	 My spouse's friends
	 My spouse's leisure activities
	 In-law problems
	 My spouse's personal habits
	 How we've divided household responsibilities
	 Religious differences
	 Alcohol or drug problems
	 Personal problems of my spouse
	 Infidelity
	 My spouse's excessive work hours
	 Sexual problems
	 How we have divided child care responsibilities
	 Physical violence
	 Differences in our tastes and preferences
	 Conflicts over raising stepchildren
	 Conflicts over raising our own children
	Other:

6. The final question is about how you are doing personally. Over the last two weeks, how often have you been bothered by any of the following problems? Read each item carefully and mark your response.								
a. Little interest	t or pleasure in doing	things						
Not at all	Several days	More than half the days	Nearly every day					
b. Feeling down	n, depressed or hopel	ess						
Not al all	Several days	More than half the days	Nearly every day					
c. Trouble falling asleep, staying asleep, or sleeping too much								
Not al all	Several days	More than half the days	Nearly every day					
d. Feeling tired	, or having little energ	зу						
Not at all	Several days	More than half the days	Nearly every day					
e. Poor appetite	e or overeating							
Not at all	Several days	More than half the days	Nearly every day					
f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down								
Not at all	Several days	More than half the days	Nearly every day					
g. Trouble cond	entrating on things s	uch as reading a magazine or	watching television					
Not at all	Several days	More than half the days	Nearly every day					
h. Moving or speaking so slowly that others could have noticed, or being so fidgety or restless that you have been moving around a lot more than usual								
i. Thinking that	t you would be better	off dead, or that you want to h	urt yourself in some way					
Not at all	Several days	More than half the days	Nearly every day					
7. If you checked off any problem(s) in Question 6, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?								
Not at all diff	icult Somewha	t difficult Very difficult	Extremely difficult					
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