

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

Each person in the relationship should fill this form out in ink without discussing the form with the other. After it has been filled out, you may want to talk with your partner about it or you may want to bring it to counseling before you discuss your answers. Please do not answer the question in terms of how you think your mate might answer them.

### RESPONSES TO CONFLICT

Please indicate if you and your partner/spouse use any of the following behaviors when having conflicts. Check the appropriate box on the scale to indicate how often, if ever, these behaviors occur in the process of dealing with the problem.

	<b>Yourself</b>										<b>Your Partner</b>									
	Never	1/4 the time		1/2 the time		3/4 the time		Always		Never	1/4 the time		1/2 the time		3/4 the time		Always			
Hitting, biting, scratching	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Yelling or screaming	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Swearing	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Nagging	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Complaining	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Using sarcasm (put downs)	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Criticizing unfairly	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Sulking	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Ignoring	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Refusing to talk about problem	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

Leaving the Scene	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Crying	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Bringing up other issues or sidetracking discussion	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Trying to be sexual when other is not interested	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Becoming jealous	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Other _____	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

In terms of this relationship, on a scale of 1-100, what is the happiest you have ever been?

In terms of this relationship, on a scale of 1-100, how happy are you now?

How did your parents handle problems when they arose in their relationship?

If you have been in a long term relationship previous to this one, how did your partner handle his/her anger?

What changes would you like to see in the way you and your partner handle emotional issues?

What personal changes are you trying or wanting to make?

If you meet your goals in counseling, how will your relationship be different?

Do you feel drugs and or alcohol are affecting this relationship? If so, please explain.

How does money/debt affect this relationship, if at all?

	All the time	Most times	More often than not	Occas- sionally	Rarely	Never
How much of the time do you think this relationship is going well?	5	4	3	2	1	0
How often do you think about ending this relationship?	5	4	3	2	1	0
How often do the two of you discuss separating or divorcing?	5	4	3	2	1	0
How often do the two of you fight?	5	4	3	2	1	0
How often does one of you physically hurt the other?	5	4	3	2	1	0
How often does one of you leave the house during or after a fight?	5	4	3	2	1	0
How often is your partner affectionate with you?	5	4	3	2	1	0
How often does one of you use alcohol or non prescribed drugs when the other does not?	5	4	3	2	1	0
How often does one partner have no interest in being sexual when the other is?	5	4	3	2	1	0
How often do you kiss/hug your partner for no particular reason?	5	4	3	2	1	0
How often does your partner kiss/hug you for no particular reason?	5	4	3	2	1	0

How often do you confide in your mate?	5	4	3	2	1	0
How often do you do something special for your mate for no special reason?	5	4	3	2	1	0
And vice versa?	5	4	3	2	1	0
How often do you and your partner engage in outside interest together?	5	4	3	2	1	0
How often do you laugh together	5	4	3	2	1	0
How often do you work on a project together?	5	4	3	2	1	0

**Every couple has issues where they agree and disagree. Where do you feel you two fall?**

	Always Agree	Almost always agree	Occasionally agree	Frequently Agree	Almost Always Disagree	Always Disagree
Finances	5	4	3	2	1	0
Recreational activities	5	4	3	2	1	0
Demonstrations of affection	5	4	3	2	1	0
Drug and alcohol use	5	4	3	2	1	0
Friends	5	4	3	2	1	0
Sexual relations	5	4	3	2	1	0
Manners and politeness	5	4	3	2	1	0

Philosophy of life	5	4	3	2	1	0
Ways of dealing with in-laws and family	5	4	3	2	1	0
Ways of dealing with children	5	4	3	2	1	0
Amount of time spent together	5	4	3	2	1	0
Making major decisions	5	4	3	2	1	0
Sharing household tasks	5	4	3	2	1	0
Leisure time activities	5	4	3	2	1	0
Religion	5	4	3	2	1	0
Time away from each other	5	4	3	2	1	0
Other important things--please specify						