

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

## Couple Screening Form

**Directions:** ✓ Check the items that apply

### MOODS: (ex. irritability, depression etc.)

\_\_\_ My moods are a problem to the relationship. how?:

\_\_\_ My partner's moods are a problem to the relationship. how?:

### ALCOHOL and SUBSTANCE USE

\_\_\_ My use of alcohol is excessive

\_\_\_ My use of prescription or illegal drugs is a problem

\_\_\_ My partner's uses alcohol excessively

\_\_\_ My partner's use of prescription or illegal drugs is a problem

### AGGRESSION

\_\_\_ My temper adversely affects our relationship

\_\_\_ I have been verbally abusive to my partner

\_\_\_ I have been physically abusive to my partner

\_\_\_ My partner's temper adversely affects our relationship

\_\_\_ My partner has been verbally abusive to me

\_\_\_ My partner has been physically abusive to me

\_\_\_ Our fights and arguments are very destructive to our relationship.

### AFFECTION AND SEXUAL INTIMACY

\_\_\_ I am dissatisfied with how we express affection in our relationship

\_\_\_ I am dissatisfied with our sexual intimacy

### AFFAIRS

\_\_\_ I have had an affair or an inappropriate relationship.

\_\_\_ I am currently having an affair or an inappropriate relationship.

\_\_\_ My partner has had an affair or an inappropriate relationship.

\_\_\_ My partner is currently having an affair or an inappropriate relationship.

### SATISFACTION AND COMMITMENT

\_\_\_\_\_ % I am committed to staying in our relationship.

\_\_\_\_\_ % Overall how satisfied are you now with your relationship?