



<p style="text-align: center;">SERVICE AGREEMENT</p> <p style="text-align: center;">Behavioral Health Services</p>
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Welcome to Family Counseling Service of Aurora. It is our privilege to offer you quality behavioral health services at our agency. This document is intended to act as an agreement between you and Family Counseling Service for the services we provide.

Risks & Benefits of Counseling:

Before you begin services, it's important to know that counseling carries both benefits and risks. Therapy often leads to a significant reduction in feelings of distress, improved relationships and resolution of issues. Risks can include experiencing uncomfortable feelings such as sadness or anxiety during the course of counseling.

Therapist Qualifications:

Family Counseling Service maintains high standards for clinical excellence. Our therapists hold advanced degrees and are fully licensed in their area of expertise, or are working toward full licensure under the direct supervision of a fully licensed professional. We are also honored as one of the premier learning and training sites for graduate students by local universities. If your therapist is working toward full licensure, s/he will be supervised weekly to monitor the quality of his/her professional skills. You may ask to meet the supervisor at any time. You will be told of your therapist's qualifications when you begin therapy and you may request a change if you prefer different qualifications at that time.

Fees & Cancellations:

Family Counseling is funded by United Way and other public funding groups. These sources cover the difference between the actual cost of services and fees collected. We offer a sliding fee scale to accommodate the income circumstances of our clients.

- ❖ If you are unable to attend a scheduled session, please notify us **at least 24 hours** in advance. If you miss your appointment, we will charge you a cancellation fee equal to your regular session fee and this must be paid before another session can be scheduled. This is simply because we have many clients who are waiting for open appointments and would like to be able to offer them your appointment if you need to cancel for any reason.

- ❖ The established fee per hour may also be charged for the following services if they are utilized: (1) consultations held on the client's behalf with other professionals; (2) telephone consultations that exceed 30 minutes in length; (3) reports written at the client's request; (4) court appearances; (5) court reports or treatment reports. You would be notified of the charge prior to or at the time these services are provided and would be asked to agree to the fee prior to provision of the service.

- ❖ Most contracted services (for example, if an insurance company or state agency is paying for your services here) do not reimburse us for missed or cancelled appointments. If your services are being paid for through an outside contract and you have a late cancellation or fail to keep an appointment, you are responsible for payment for the missed session.

Confidentiality of Your Records:

As a client, you will provide us with some important and sensitive information about yourself. This information is known as Protected Health Information. Family Counseling Service will not disclose your Protected Health Information UNLESS we have your written authorization to do so, except under the following special circumstances. State and federal laws require Family Counseling Service to disclose your private information without your consent in certain circumstances, including the following:

- ❖ **Child Abuse** - If your counselor has reasonable cause to believe a child known to him/her in his/her professional capacity may be an abused child or a neglected child, your counselor must report this belief in accordance with the *Abused and Neglected Child Reporting Act*.
- ❖ **Adult and Domestic Abuse** - If your counselor has reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, he/she must report this belief in accordance with the *Illinois Elder Abuse and Neglect Act*.
- ❖ **Serious Threat to Health or Safety** - If your counselor believes that you present an imminent, serious risk of physical or mental injury or death to yourself, he/she may make disclosures he/she considers necessary to protect you from harm. If you communicate to your counselor a specific threat of imminent harm against another individual or if he/she believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, he/she may make disclosures that he/she believes are necessary to protect that individual from harm in accordance with the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*.

Federal law also permits us to use your protected health information for the following purposes:

- ❖ **For Payment:** We may use and disclose your Protected Health Information to be reimbursed for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.
- ❖ **For Health Care Operations:** We may use and disclose your Protected Health Information for health care management, which include internal education, administration, planning, and other various activities that improve the quality of care we provide to clients. We may disclose Protected Health Information to outside companies to support administrative functions such as data analysis, accounting or legal services, but we will only do so after they have signed an agreement stating that they will abide by our privacy policy. This information is usually aggregated, so no individual can be identified.

Client Rights:

As a client of Family Counseling Service, you are entitled to the rights outlined in the Mental Health and Developmental Disabilities Confidentiality Act and Chapter 2 of the Mental Health Code Developmental Disabilities Code. Client rights and FCS responsibilities include but are not limited to, the following:

- ❖ You have a right to be provided with adequate and humane care and services in the least restrictive environment.
- ❖ You are entitled to have your rights explained to you using a language or method of communication you understand upon commencement of services.
- ❖ You may have a guardian with whom we must cooperate or you may be restricted legally through court or by probation.
- ❖ You have the right to nondiscriminatory access to services as specified in the Americans With Disabilities Act of 1990 (42 USC 12101).
- ❖ You have the right to be free from abuse and neglect.
- ❖ You do not have to provide information regarding HIV/AIDS status or testing. If information is provided, it will not appear in your clinical record, be discussed with personnel, or be released to any other agency.
- ❖ You have the right to refuse any services that are offered to you.
- ❖ You have the right to receive a copy of the agency's grievance procedure and will not be denied service, suspended from services, or terminated from services because of filing a grievance.
- ❖ You have the right to have an individualized treatment plan that will be developed with you, and the right to periodically review your treatment plan with your therapist at least once every six months.
- ❖ You have the right to be free from physical restraint, unless it is being used as a therapeutic measure with children to prevent them from causing physical harm to themselves or others; seclusion is not permitted.
- ❖ You have a right to privacy and no information will be disclosed about you to others without your informed written consent, except for the following: FCS has to follow state laws about special requests for information. We have a responsibility to warn others if you threaten to hurt them. We have to report any suspected child or elder abuse or neglect. We may communicate information to others if you are at risk of harming yourself or others.
- ❖ You have the right not to be denied mental health services because of age, sex, race, religious belief, ethnic origin, marital status, sexual orientation, physical or

mental disability, or criminal record that is unrelated to any possible present dangerousness.

- ❖ You have the right not to have services denied, suspended, reduced or terminated for exercising your rights.
- ❖ You have the right to give or withhold informed consent regarding your treatment and regarding confidential information
- ❖ You have the right to appeal if you agree with FCS's decisions about your treatment or any of our policies. This might include such decisions as early termination from treatment, progress reported to a court, etc. If you disagree with a decision or policy, you should:
 - ❖ Put the nature of your concern/appeal in writing to your counselor, who will respond to you in writing within 7 days.
 - ❖ If you are still not satisfied with the agency's decision, you can request a meeting with the agency's clinical director, who will attempt to help you resolve your concern.



**Family Counseling Service of
Aurora**

ACKNOWLEDGEMENT OF POLICIES

By signing below, I am agreeing to receive treatment and/or intervention services at Family Counseling Service of Aurora. I also understand and agree to the following terms:

- ❖ I have been informed of potential risks and benefits of services and wish to pursue services at this time.
- ❖ I have read the service agreement and will abide by the fee and cancellation policy.
- ❖ I understand the confidentiality policies of Family Counseling Service.
- ❖ I have received a copy of the Client Rights.
- ❖ I understand that I can revoke this consent at any time.

Client's Name (please print)

Date

Client's Signature

Date

Guardian's Signature (if client is under 12)

Date

Therapist's Name (please print)

Date

Therapist's Signature

Date

Supervisor's Name & Credentials (please print)

ADULT CLIENT HISTORY



Welcome to Aurora Family Counseling Service. We'd like to learn a little bit about you so we can provide you the best possible service.

Name: _____

Where do you work or go to school?

Describe leisure time activities, types of recreation you enjoy, and special areas of interest.

People in your household:

Name	Age	Relationship

Any health problems or recent hospitalizations?

Have you ever had a head injury, such as a concussion, being hit in the head, car accident, stitches in the head area, etc.? No Yes

Have you ever had a seizure, loss of consciousness, or an abnormal CT scan, MRI, or EEG? No Yes

Do you take any medications?

Name of medication	For what problem?	Does it seem to be working?

Have you received services from this agency, or a similar agency, before?

No Yes. Please fill out table below.

Agency	Service received	Dates

Do you have any concerns about your housing or living arrangements?

No Yes. Please describe your concerns.

How can we help you today?

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Do you have any concerns about your housing or living arrangements?

No Yes. Please describe your concerns.

How can we help you today?

Name _____

Date _____

Please fill out this form according to your **OWN** experience within the **last 3 months** regarding the situations listed and check how often they occur. Place a check in the appropriate column for each item.

1 = Never or Almost Never 2 = Once a month to a few times a year 3 = More than once a month

In addition to checking each item, please circle any item that is of particular concern to you.

SYMPTOM	1	2	3	SYMPTOM	1	2	3
Guilt Feelings				Stealing			
Worrying				Hopeless about future			
Too much energy				Thinking about death			
Aggressive				Thinking about suicide			
Uncontrolled temper				Feeling inadequate			
Afraid of school/work				Brooding about the past			
Afraid of leaving house				Crying excessively			
Sleep walking				Feeling down or blue			
Problems falling asleep				Nightmares			
Problems staying asleep				Feeling anxious			
Memory loss				Feeling panicky			
Trouble making decisions				Always angry			
Feeling alone				Jealous			
Difficulty concentrating				Impatient			
Sudden mood changes				No confidence in self			
Restlessness				Shortness of breath			
Easily distracted				Fast heart beat			
Excessive spending				Chest pains			
Feeling worthless				Sexual Problems			
Overly Tired				Feelings of unreality			
Poor or no appetite				Problems with gambling			
Over eating				Blackouts			
Bingeing				Stomach problems			
Food preoccupation				Uncontrolled thoughts			
Vomiting				Uncontrolled behavior			
Sleeping too much				Physical abuse of self or others			
Hearing voices				Emotional abuse of self or others			
Problems on the job				Lying			
Problems getting along				Other:			

Name _____

Date _____

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Hearing voices				Emotional abuse of self or others			
Problems on the job				Lying			
Problems getting along				Other:			



CONSENT FOR TAPING/OBSERVING

- I (we) hereby give my (our) permission to Family Counseling Service of Aurora to tape or video record my (our) counseling sessions on an on-going basis.
- It is my (our) understanding that recordings will be shared only with other professional persons employed by Family Counseling Service for the purpose of case review, staff training, and/or professional supervision/consultation.
- I (we) give permission to Family Counseling Service to use all or partial segments of my (our) taped sessions for the purpose of training other mental health professionals in the area of intervention techniques. I (we) understand that my (our) name(s) and/or identifying information will not be released in conjunction with the use of these recordings.
- I (we) also give permission for the therapy/supervisory team to observe my (our) sessions through the one-way mirror.

Signature of Counselor

Date

Signature of Client

Date

Signature of Client

Date

WEISS-CERRETO MARITAL STATUS INVENTORY

It would help to get an idea of how your marriage stands right now. Please answer the questions below by circling TRUE or FALSE for each item with regard to how things stand right now. For items that are true, please indicate what year the item began to be true.

- | | | | |
|-------|------|-------------|---|
| FALSE | TRUE | Year: _____ | 1. I have made specific plans to discuss separation or divorce with my spouse. I have considered what I would say, etc. |
| FALSE | TRUE | Year: _____ | 2. I have set up an independent bank account in my name in order to protect my own interests. |
| FALSE | TRUE | Year: _____ | 3. Thoughts of divorce occur to me very frequently, as often as once a week or more. |
| FALSE | TRUE | Year: _____ | 4. I have suggested to my spouse that I wished to be separated, divorced, or rid of him/her. |
| FALSE | TRUE | Year: _____ | 5. I have thought specifically about divorce or separation. I have thought about who would get the kids, how things would be divided, pros and cons, etc. |
| FALSE | TRUE | Year: _____ | 6. My spouse and I have separated. This is a (check one) _____ trial separation or _____ legal separation. |
| FALSE | TRUE | Year: _____ | 7. I have discussed the question of my divorce or separation with someone other than my spouse (trusted friend, psychologist, minister, etc.) |
| FALSE | TRUE | Year: _____ | 8. I have occasionally thought of divorce or wished that we were separated, usually after an argument or other incident. |
| FALSE | TRUE | Year: _____ | 9. I have discussed the issue of divorce seriously or at length with my spouse. |
| FALSE | TRUE | Year: _____ | 10. I have filed for divorce, or we are divorced. |
| FALSE | TRUE | Year: _____ | 11. I have made inquiries of nonprofessionals as to how long it takes to get a divorce, grounds for divorce, costs involved, etc. |
| FALSE | TRUE | Year: _____ | 12. I have contacted a lawyer to make preliminary plans for divorce. |
| FALSE | TRUE | Year: _____ | 13. I have consulted with a lawyer or other legal aid about the matter. |
| FALSE | TRUE | Year: _____ | 14. I have considered divorce or separation a few times, other than during an argument, although only in vague terms. |

CONFLICT TACTICS SCALE (CTS)

No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or have spats or fights because they're in a bad mood or for some other reason. A couple may also use many different ways to settle their differences. Listed below are some things that you or your spouse may have done when you had a dispute. First, rate how many times you have done any of these things in the last year. Second, rate how many times your spouse had done any of these things in the last year. Then rate whether you or your spouse has ever done any of these things.

	<i>You in the past year</i>								<i>Spouse in the past year</i>								<i>Ever happened</i>		
	Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 times	Don't know	Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 times	Don't Know	Yes	No	Don't Know
a. discussed the issue calmly																			
b. got information to back up (your/his or her) side of things																			
c. brought in or tried to bring in help to settle things																			
d. insulted or swore at the other one																			
e. sulked and/or refused to talk about it																			
f. stomped out of the room/house/yard/etc.																			
g. cried																			
h. did or said something to spite the other one																			
i. threatened to hit or throw something at the other one																			

Your Name: _____ ID# _____ Date: _____

The Gottman 18 Areas Checklist for Solvable and Perpetual Problems

Instructions. Please think about how things are RIGHT NOW in each of the following areas of your relationship. Think about each area of your life together, and decide if this area is fine or if it needs improvement. For each of the statements below, check the box that best describes your relationship.

- 1. We are staying emotionally connected , or becoming emotionally distant Check all the specific items below:**
- | | Not a problem | Is a problem |
|--|--------------------------|--------------------------|
| Just simply talking to each other | <input type="checkbox"/> | <input type="checkbox"/> |
| Staying emotionally in touch with each other | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling taken for granted | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't feel my partner knows me very well right now | <input type="checkbox"/> | <input type="checkbox"/> |
| Partner is (or I am) emotionally disengaged | <input type="checkbox"/> | <input type="checkbox"/> |
| Spending time together | <input type="checkbox"/> | <input type="checkbox"/> |

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

- 2. We are handling job and other stresses effectively , or experiencing the "spill-over" of other stresses**

Check all the specific items below:

	Not a problem	Is a problem
Helping each other reduce daily stresses.	<input type="checkbox"/>	<input type="checkbox"/>
Talking about these stresses together.	<input type="checkbox"/>	<input type="checkbox"/>
Talking together about stress in a helpful manner.	<input type="checkbox"/>	<input type="checkbox"/>
Partner listening with understanding about my stresses and worries.	<input type="checkbox"/>	<input type="checkbox"/>
Partner takes job or other stresses out on me.	<input type="checkbox"/>	<input type="checkbox"/>
Partner takes job or other stresses out on others in our life.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

3. **We are handling issues or disagreements well , or gridlocking on one or more issues**

Check all the specific items below:

	Not a problem	Is a problem
Differences have arisen between us that feel very basic.	<input type="checkbox"/>	<input type="checkbox"/>
These differences seem unresolvable.	<input type="checkbox"/>	<input type="checkbox"/>
We are living day-to-day with hurts.	<input type="checkbox"/>	<input type="checkbox"/>
Our positions are getting entrenched.	<input type="checkbox"/>	<input type="checkbox"/>
It looks like I will never get what I hope for.	<input type="checkbox"/>	<input type="checkbox"/>
I am very worried that these issues may damage our relationship.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

4. **Our relationship is romantic and passionate , or it is becoming passionless; the fire is going out**

Check all the specific items below:

	Not a problem	Is a problem
My partner has stopped being verbally affectionate.	<input type="checkbox"/>	<input type="checkbox"/>
My partner expresses love or admiration less frequently.	<input type="checkbox"/>	<input type="checkbox"/>
We rarely touch each other.	<input type="checkbox"/>	<input type="checkbox"/>
My partner (or I) have stopped feeling very romantic.	<input type="checkbox"/>	<input type="checkbox"/>
We rarely cuddle.	<input type="checkbox"/>	<input type="checkbox"/>
We have few tender or passionate moments.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

5. **Our sex life is fine , or there are problems in this area**

Check all the specific items below:

	Not a problem	Is a problem
The frequency of sex.	<input type="checkbox"/>	<input type="checkbox"/>
The satisfaction I (or my partner) get from sex.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to talk about sexual problems.	<input type="checkbox"/>	<input type="checkbox"/>
The two of us wanting different things sexually.	<input type="checkbox"/>	<input type="checkbox"/>
Problems of desire.	<input type="checkbox"/>	<input type="checkbox"/>
The amount of love in our lovemaking.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

6. **An important event (e.g., changes in job or residence, the loss of a job or loved one, an illness) has occurred in our lives. Yes No**

The relationship dealing with this well or it is not dealing with this well

Check all the specific items below:

Not a problem Is a problem

We have very different points of view on how to handle things.	<input type="checkbox"/>	<input type="checkbox"/>
This event has led my partner to be very distant.	<input type="checkbox"/>	<input type="checkbox"/>
This event has made us both irritable.	<input type="checkbox"/>	<input type="checkbox"/>
This event has led to a lot of fighting.	<input type="checkbox"/>	<input type="checkbox"/>
I'm worried about how this will all turn out.	<input type="checkbox"/>	<input type="checkbox"/>
We are now taking up very different positions.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

7. **Major issues about children have arisen (this could be about whether to be parents). Yes No**

The relationship dealing with this well or it is not dealing with this well

Check all the specific items below:

Not a problem Is a problem

We have very different points of view on goals for children.	<input type="checkbox"/>	<input type="checkbox"/>
We have different positions on what to discipline children for.	<input type="checkbox"/>	<input type="checkbox"/>
We have different positions on how to discipline children.	<input type="checkbox"/>	<input type="checkbox"/>
We have issues about how to be close to our children.	<input type="checkbox"/>	<input type="checkbox"/>
We are not talking about these issues very well.	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of tension or anger about these differences.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

8. **Major issues/events have arisen about in-laws, a relative, or relatives. Yes No**

The relationship dealing with this well or it is not dealing with this well

Check all the specific items below:

Not a problem Is a problem

I feel unaccepted by my partner's family.	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes wonder which family my partner is in.	<input type="checkbox"/>	<input type="checkbox"/>
I feel unaccepted by my own family.	<input type="checkbox"/>	<input type="checkbox"/>
There is tension between us about what might happen.	<input type="checkbox"/>	<input type="checkbox"/>
This issue has generated a lot of irritability.	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about how this is going to turn out.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

9. Being attracted to other people or jealousy is not an issue , or my partner is flirtatious or there may be a recent extramarital affair

Check all the specific items below:

	Not a problem	Is a problem
This area is a source of a lot of hurt.	<input type="checkbox"/>	<input type="checkbox"/>
This is an area that creates insecurity.	<input type="checkbox"/>	<input type="checkbox"/>
I can't deal with the lies.	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to re-establish trust.	<input type="checkbox"/>	<input type="checkbox"/>
There is a feeling of betrayal.	<input type="checkbox"/>	<input type="checkbox"/>
It's hard to know how to heal this.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

10. When disagreements arise, we resolve issues well , or unpleasant fights have occurred

Check all the specific items below:

	Not a problem	Is a problem
There are more fights now.	<input type="checkbox"/>	<input type="checkbox"/>
The fights seem to come out of nowhere.	<input type="checkbox"/>	<input type="checkbox"/>
Anger and irritability have crept into our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
We get into muddles where we are hurting each other.	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel very respected lately.	<input type="checkbox"/>	<input type="checkbox"/>
I feel criticized.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

11. We are in synchrony on basic values and goals , or differences between us in these areas or in desired lifestyle are emerging

Check all the specific items below:

	Not a problem	Is a problem
Differences have arisen in life goals.	<input type="checkbox"/>	<input type="checkbox"/>
Differences have arisen about important beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
Differences have arisen on leisure time interests.	<input type="checkbox"/>	<input type="checkbox"/>
We seem to be wanting different things out of life.	<input type="checkbox"/>	<input type="checkbox"/>
We are growing in different directions.	<input type="checkbox"/>	<input type="checkbox"/>
I don't much like who I am with my partner.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

12. **Very hard events (for example, violence, drugs, an affair) have occurred within the relationship. Yes No The relationship is dealing with this well or it is not dealing with this well**

Check all the specific items below:

	Not a problem	Is a problem
There has been physical violence between us.	<input type="checkbox"/>	<input type="checkbox"/>
There is a problem with alcohol or drugs.	<input type="checkbox"/>	<input type="checkbox"/>
This is turning into a relationship I hadn't bargained for.	<input type="checkbox"/>	<input type="checkbox"/>
The "contract" of our couple's relationship is changing.	<input type="checkbox"/>	<input type="checkbox"/>
I find some of what my partner wants upsetting or repulsive.	<input type="checkbox"/>	<input type="checkbox"/>
I am now feeling somewhat disappointed by this relationship.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

13. **We work well as a team , or we are not working very well as a team right now**

Check all the specific items below:

	Not a problem	Is a problem
We used to share more of the household's workload.	<input type="checkbox"/>	<input type="checkbox"/>
We seem to be pulling in opposite directions.	<input type="checkbox"/>	<input type="checkbox"/>
My partner does not share in housework or family chores.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is not carrying weight financially.	<input type="checkbox"/>	<input type="checkbox"/>
I feel alone in managing our family.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is not being very considerate.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

14. We are coping well with issues of power or influence , or we are having trouble in this area

Check all the specific items below:

	Not a problem	Is a problem
I don't feel influential in decisions we make.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has become more domineering.	<input type="checkbox"/>	<input type="checkbox"/>
I have become more demanding.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has become passive.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is "spacey," not a strong force in our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I am starting to care a lot more about who is running things.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

15. We are handling issues of finances well , or we are having trouble in this area

Check all the specific items below:

	Not a problem	Is a problem
I or my partner just doesn't bring in enough money.	<input type="checkbox"/>	<input type="checkbox"/>
We have differences about how to spend our money.	<input type="checkbox"/>	<input type="checkbox"/>
We are stressed about finances.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is financially more interested in self than in us.	<input type="checkbox"/>	<input type="checkbox"/>
We are not united in managing our finances.	<input type="checkbox"/>	<input type="checkbox"/>
There is not enough financial planning.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

16. We are doing well having fun together , or we are not having very much fun together

Check all the specific items below:

	Not a problem	Is a problem
We don't seem to have very much time for fun.	<input type="checkbox"/>	<input type="checkbox"/>
We try, but don't seem to enjoy our times together very much.	<input type="checkbox"/>	<input type="checkbox"/>
We are too stressed for fun.	<input type="checkbox"/>	<input type="checkbox"/>
Work takes up all our time these days.	<input type="checkbox"/>	<input type="checkbox"/>
Our interests are so different now that there are no fun things we like to do together.	<input type="checkbox"/>	<input type="checkbox"/>
We plan fun things to do, but they never happen.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

17. We are feeling close in building/being a part of the community together , or we are not feeling close in building/being a part of the community together

Check all the specific items below:

	Not a problem	Is a problem
Being involved with friends and other people or groups	<input type="checkbox"/>	<input type="checkbox"/>
Caring about the institutions that build communities	<input type="checkbox"/>	<input type="checkbox"/>
Putting time into the institutions of community (e.g., school, agencies)	<input type="checkbox"/>	<input type="checkbox"/>
Doing projects or work for charity.	<input type="checkbox"/>	<input type="checkbox"/>
Doing other good deeds for members of the community.	<input type="checkbox"/>	<input type="checkbox"/>
Taking a leadership role in the service of community.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

18. We are feeling very close in the area of spirituality together , or we are not doing well in that area these days

Check all the specific items below:

	Not a problem	Is a problem
Sharing the same beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
Agreeing about religious ideas and values.	<input type="checkbox"/>	<input type="checkbox"/>
Issues about specific house of worship (mosque, church, synagogue).	<input type="checkbox"/>	<input type="checkbox"/>
Communicating well about spiritual things.	<input type="checkbox"/>	<input type="checkbox"/>
Issues that are about spiritual growth and change.	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual issues involving our family.	<input type="checkbox"/>	<input type="checkbox"/>

Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.

10. The Four Horsemen

Read each statement and fill in the appropriate TRUE or FALSE bubble.

WHEN WE DISCUSS OUR RELATIONSHIP ISSUES:

	TRUE	FALSE
1. I feel attacked or criticized when we talk about our disagreements.	<input type="radio"/>	<input type="radio"/>
2. I usually feel like my personality is being assaulted.	<input type="radio"/>	<input type="radio"/>
3. In our disputes, at times, I don't even feel like my partner likes me very much.	<input type="radio"/>	<input type="radio"/>
4. I have to defend myself because the charges against me are so unfair.	<input type="radio"/>	<input type="radio"/>
5. I often feel unappreciated by my partner.	<input type="radio"/>	<input type="radio"/>
6. My feelings and intentions are often misunderstood.	<input type="radio"/>	<input type="radio"/>
7. I don't feel appreciated for all the good I do in this relationship.	<input type="radio"/>	<input type="radio"/>
8. I often just want to leave the scene of the arguments.	<input type="radio"/>	<input type="radio"/>
9. I get disgusted by all the negativity between us.	<input type="radio"/>	<input type="radio"/>
10. I feel insulted by my partner at times.	<input type="radio"/>	<input type="radio"/>
11. I sometimes just clam up and become quiet.	<input type="radio"/>	<input type="radio"/>
12. I can get mean and insulting in our disputes.	<input type="radio"/>	<input type="radio"/>
13. I feel basically disrespected.	<input type="radio"/>	<input type="radio"/>
14. Many of our issues are just not my problem.	<input type="radio"/>	<input type="radio"/>
15. The way we talk makes me want to just withdraw from the whole relationship.	<input type="radio"/>	<input type="radio"/>
16. I think to myself, "Who needs all this conflict?"	<input type="radio"/>	<input type="radio"/>
17. My partner never really changes.	<input type="radio"/>	<input type="radio"/>
18. Our problems have made me feel desperate at times.	<input type="radio"/>	<input type="radio"/>
19. My partner doesn't face issues responsibly and maturely.	<input type="radio"/>	<input type="radio"/>
20. I try to point out flaws in my partner's personality that need improvement.	<input type="radio"/>	<input type="radio"/>

(The Four Horsemen—continued)**WHEN WE DISCUSS OUR RELATIONSHIP ISSUES:**

	TRUE	FALSE
21. I feel explosive and out of control about our issues at times.	<input type="radio"/>	<input type="radio"/>
22. My partner uses phrases like "You always" or "You never" when complaining.	<input type="radio"/>	<input type="radio"/>
23. I often get the blame for what are really our problems.	<input type="radio"/>	<input type="radio"/>
24. I don't have a lot of respect for my partner's position on our basic issues.	<input type="radio"/>	<input type="radio"/>
25. My partner can be quite selfish and self-centered.	<input type="radio"/>	<input type="radio"/>
26. I feel disgusted by some of my partner's attitudes	<input type="radio"/>	<input type="radio"/>
27. My partner gets far too emotional.	<input type="radio"/>	<input type="radio"/>
28. I am just not guilty of many of the things I get accused of.	<input type="radio"/>	<input type="radio"/>
29. Small issues often escalate out of proportion.	<input type="radio"/>	<input type="radio"/>
30. Arguments seem to come out of nowhere.	<input type="radio"/>	<input type="radio"/>
31. My partner's feelings get hurt too easily.	<input type="radio"/>	<input type="radio"/>
32. I often will become silent to cool things down a bit.	<input type="radio"/>	<input type="radio"/>
33. My partner has a lot of trouble being rational and logical.	<input type="radio"/>	<input type="radio"/>