

Weekly Questionnaire

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

**Please circle the number corresponding to how you have felt about your relationship with your partner *in the last week.*** (Items 1-4 from Funk & Rogge, 2007)

1. Please indicate the degree of happiness, all things considered, of your relationship.

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect		<i>For Clinician Item Score</i>	
0	1	2	3	4	5	6		_____	
			Not at all TRUE	A little TRUE	Some-what TRUE	Mostly TRUE	Almost Completely TRUE	Completely TRUE	
2. I have a warm and comfortable relationship with my partner			0	1	2	3	4	5	_____
			Not at all	A little	Some-what	Mostly	Almost Completely	Completely	
3. How rewarding is your relationship with your partner?			0	1	2	3	4	5	_____
4. In general, how satisfied are you with your relationship?			0	1	2	3	4	5	_____
									<b>Total Item 1-4</b>

5. Since your last session, when you and your partner fought or argued, did you or your partner ever get violent (for example, push, grab, shove, slap, hit, or other “angry touching”)?

Yes No

6. Since your last session, have you had thoughts about suicide or homicide?

Yes No

7. Since your last session, have you used any substances beyond low risk limits or in a way that may interfere with learning during treatment?

Yes No

Alcohol- Men- more than 4 drinks in a day/more than 14 in a week  
 Women- more than 3 drinks in a day/more that 7 in a week  
 two hours before or after session

two hours before/after or during out of session practice

Cannabis/Benzodiazepines/Opiates

two hours before or after session

two hours before/after or during out of session practice