**Couple Satisfaction Questionnaire** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***1. Degree of happiness in relationship*** | *Very Unhappy**0* | *Fairly Unhappy**1* | *A little Unhappy**2* | *Happy**3* | *Very Happy**4* | *Extremely Happy**5* |
| **2.** I have a warm and comfortable relationship with my partner | Not true0 | A little true1 | Somewhat true2 | Mostly true3 | Almost totally true4 | Totally true5 |
| **3.** My relationship with my partner is rewarding | 0 | 1 | 2 | 3 | 4 | 5 |
| **4.** I am satisfied in my relationship | 0 | 1 | 2 | 3 | 4 | 5 |
| **5.** I want my relationship to succeed | 0 | 1 | 2 | 3 | 4 | 5 |
| **6.** I will do all I can to make it succeed | 0 | 1 | 2 | 3 | 4 | 5 |

**7**. Many people, at one time or another, get physical with their partners when they are angry. For example, some people threaten to hurt their partners, some push or shove, and some slap or hit. Please indicate approximately how many times the behaviours below have occurred in the **last year**. I will review your responses and discuss them with you as relevant.

\_\_\_\_\_\_ When my partner and I had a disagreement or argument**, I engaged** in an act of physical aggression against my partner such as pushing, slapping, shoving, hitting, beating, biting, throwing things, preventing escape or some other act of aggression.

\_\_\_\_\_\_ When my partner and I had a disagreement or argument, **my partner engaged in** an act of physical aggression against me such as pushing, slapping, shoving, hitting, beating, biting, throwing things, preventing escape or some other act of aggression.

\_\_\_\_\_\_ All things considered, I do not feel I can express my opinion at times without fear of physical reprisal from my partner (e.g., partner physically punishing me for what I have said).

**8.** Please describe a recent interaction between you and your partner that is typical of the **positive features** that are still part of your relationship.

**9.** Please describe a recent interaction between you and your partner that is typical of the **problems** for which you have come to therapy.

**10.** If you woke tomorrow with these problems solved, **what would you be doing differently**?