Weekly Questionnaire Christensen, 2009

Name _____ **Date** _____

Please circle the number corresponding to how you have felt about your relationship with your partner *since your last appointment*.

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
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**

5. Since the last session have there been (circle yes or no for each)
   Any incidents of violence or destructiveness? Yes No
   Any major events or changes (e.g., losing or getting a job)? Yes No

6. What was the most important, positive interaction that you had with your partner since the last session? Jot down a couple of notes (e.g., discussion about kids, romantic evening).

7. What was the most important, difficult interaction that you had with your partner since the last session? Jot down a couple of notes (e.g., trust incident, disagreement about money).

8. Any upcoming events that could be challenging? Jot down a couple of notes (e.g., visit by in-laws, business trip, weekend away).

9. In this session, it would be most helpful to discuss (rank each; 1 is most and 4 is least helpful):
   __ Positive incident above ___ Negative incident above
   __ Upcoming event above ____Issue of _____

10. Homework (if any)