

Print 2 copies. Each partner needs to complete this separately, without consulting each other for answers.

Your name: _____

Welcome to the Couples Clinic at the Psychological Services Center at Regent University

The Couples Clinic is dedicated to providing state of the art care for relationships. There are three general approaches to couples counseling that we offer: Hope-focused, Pre-marital and Affair recovery. Most couples receive the Hope-focused approach to couples counseling to address problems in communication, conflict, intimacy, forgiveness and life stress. This is an empirically supported couples treatment based on the book Couple Therapy by Drs. Ripley and Worthington. Twenty years of research on hundreds of couples have shown better than average effects for most couples. The second approach to couples counseling is designed to help couples who are preparing for marriage. For these couples we help you assess your relationship in-depth, learn communication and conflict resolution skills, and prepare for the first year of marriage. For couples addressing issues of infidelity or affairs, we utilize an empirically supported treatment manual called "Getting Past the Affair" by Snyder, Baucom and Koop-Gordon. We will ask you to purchase the book (and then help tailor the ideas of the book to your individual needs as a couple).

Most couples counseling occurs with co-therapists. This provides high quality care with two therapists working together for the good of your relationship. Since we are also a training clinic we occasionally will have novice students sit in the room to take notes and observe the counseling. All people involved in your care are under professional standards of confidentiality in ethical work.

We have many questions to ask you but these questions help us to both assess how you are doing individually and relationally. We have a thorough couples assessment to begin the process of helping you with your goals. These questions will help us be efficient but complete to ensure best quality care as a practice. Thank you for your honest individual responses to each question. We typically invite you back for a check-up and assessment 6 months after counseling ends, but we will discuss that at the end of counseling.

You do not have answer questions if you don't want to. On occasion we also take some of the information about cases, remove all identifying information, and examine the results of our work for quality improvement and professional presentation. Your name and identifying information will never be released outside the PSC without your written consent. All people involved in your counseling are bound by ethics and law to confidentiality. Dr. Jennifer Ripley is the director and supervisor for the Couples clinic in the PSC and can be reached at 757-352-4296 or jennrip@regent.edu.

Sincerely- Dr. Jennifer Ripley, PhD, Supervisor, Couples Clinic of the Psychological Services Center

1. What strengths do you see in your partner and your relationship?
2. What do you believe is the most important problem in your relationship right now?
3. What do you hope to achieve through couples counseling, both short-term and long-term goals?
4. Have you participated in the Hope Couples Counseling at Regent in the past? Yes No

Any description?

8. Has there been any sexual infidelity in your relationship?

- a) Yes
- b) No (go to #9)

(1) If Yes, please describe:

(2) If yes, please indicate when the infidelity occurred.

- c) Within the past year.
- d) Over a year ago. How long? _____

i) If yes, is the infidelity a major reason you are seeking counseling?

- e) Yes
- f) No

9. Are you referred by a lawyer, guardian at litem, judge or involved in the courts/legal system for any reason at this time (custody, child protective services, litigation, probation, etc.)?

- 1. Yes
- 2. No

If yes, please explain:

Please rate the following:

10. Are you and your partner sexually active? (circle one)

- We have never had sex
- Less than a few times a year
- A few times a year
- Less than once a month
- Once or twice a month
- Once or twice a week or more

11. I am satisfied with our physical/sexual relationship (circle one)

- All the time
- Most of the time
- More often than not
- Occasionally
- Rarely
- Never

12. Do you ever use any type of drugs that aren't legal or prescribed by a doctor (marijuana, cocaine, LSD, ecstasy, etc)?

1. Yes
2. Not in the last year, but before that
3. No (If no go to question #13)

If yes, Please describe what drugs (not including prescriptions) you have used, frequency and names of drugs:

If yes, When is the last time you used any drugs?

If yes, Have you received any counseling or treatment for using drugs before? Please describe if you have.

13. How many drinks does it take to make you feel high?

1. Less than or equal to 2 drinks
2. More than 2 drinks

14. Have people annoyed you by criticizing your drinking?

1. No
2. Yes

15. Have you felt you ought to cut down on your drinking?

1. No
2. Yes

16. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

1. No
2. Yes

Screener please Total score for 13-16 _____

Please answer the following:

17. Your highest level of education: _____

18. What is your current household income?

1. Below \$10,000
2. \$10-30,000
3. \$30-50,000
4. \$50-70,000
5. \$70-90,000
6. Over \$90,000

19. What religion do you consider yourself? (circle one, or all that apply to you)

Agnostic (unsure if God can be known)	Christian- No denomination
Atheist (Do not believe in a God)	Hindu
Buddhist	Jewish
Christian Catholic	Muslim
Christian Protestant	New Age
Other, describe below	Spiritual (No tradition, but I am spiritual)

20. How often do you attend religious services?

1. Never
2. Less than once a month
3. Once a month
4. A few times a month
5. Once a week
6. More than once a week

21. How many times have you been married? _____

22. If married, what is the date you married? _____

23. If living together, when did you move in together? _____

24. If engaged, when do you plan to get married? _____

25. Your children (leave blank if no children for either of you)

Child's name	Gender	Age	Living with you?

Please select the answer that best describes your experience.

26. Have you or your partner ever served in the military (Navy, Army, Air Force, Coast Guard, Reserves)? If yes, please describe.

Relationship Issues Checklist

Please read all directions carefully and rate only what you actually have experienced, not what you think you should report. This is a list of problems people sometimes have individually or in their relationship. Circle the number for how much you were bothered or upset by this problem **in the last 2 weeks, including today.**

I was bothered or upset by this problem in the last 2 weeks	Never	Somewhat	Most of the time	All the time	Yes, but not in the last 2 weeks
1. Yelling, screaming or demeaning language	0	2	3	4	1
2. Sexual behavior that is risky	0	2	3	4	1
3. Feeling I couldn't trust my partner	0	2	3	4	1
4. Pushing, shoving, pinning	0	2	3	4	1
5. Attraction to someone of the same sex	0	2	3	4	1
6. Pain during intercourse	0	2	3	4	1
7. Difficulty with erection, sexual excitement or orgasm	0	2	3	4	1
8. Feeling inadequate sexually	0	2	3	4	1
9. Feeling inadequate as a man or a woman	0	2	3	4	1
10. Having sexual thoughts you don't want	0	2	3	4	1
11. Use of pornography	0	2	3	4	1
12. Problems with gambling	0	2	3	4	1

Revised Dyadic Adjustment Scale (baseline)

Couple # _____

Gender: _____

Date: _____

Most persons have disagreements in their relationships. Please choose the words that best correspond to the approximate extent of agreement or disagreement between you and your partner for each of the following items.

For questions 1-6 please answer how things are between you and your partner

1. Religious matters	Always disagree 0	Almost always disagree 1	Frequently disagree 2	Occasionally disagree 3	Almost always agree 4	Always agree 5
2. Demonstrations of affection	Always disagree	Almost always disagree	Frequently disagree	Occasionally disagree	Almost always agree	Always agree
3. Sex relations	Always disagree	Almost always disagree	Frequently disagree	Occasionally disagree	Almost always agree	Always agree
4. Conventuality (correct / proper behavior)	Always disagree	Almost always disagree	Frequently disagree	Occasionally disagree	Almost always agree	Always agree
5. Making major decisions	Always disagree	Almost always disagree	Frequently disagree	Occasionally disagree	Almost always agree	Always agree
6. Career Decisions	Always disagree	Almost always disagree	Frequently disagree	Occasionally disagree	Almost always agree	Always agree

For questions 7-11 choose the answer that best describes your relationship

7. How often do you discuss or have you considered divorce, separation or terminating your relationship?	All the time 0	Most of the time 1	More often than not 2	Occasionally 3	Rarely 4	Never 5
8. Do you ever regret that you married (or are together)?	All the time	Most of the time	More often than not	Occasionally	Rarely	Never

9. How often do you and your partner quarrel?	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
10. How often do you and your partner "get on each other's nerves?"	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
11. Do you and your mate engage in outside interests together?	None of them 0	Very few of them 1	Some of them 2	Most of them 3	All of them 4	

HOW OFTEN WOULD YOU SAY THE FOLLOWING EVENTS OCCUR BETWEEN YOU AND YOUR PARTNER?

12. Have a stimulating exchange of ideas	Never (0)	Less than once a month (1)	Once or twice a month (2)	Once or twice a week (3)	Once a day (4)	More (5)
13. Calmly discuss something	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More
14. Work on a project together	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More

Screener total score RDAS: _____

Clinical Couples Assessment of Relationship Elements (CARE) - baseline

Please rate your relationship on the following seven areas

	Couldn't be worse		Not bad not good			Couldn't be better	
Communication	1	2	3	4	5	6	7
Resolution of differences	1	2	3	4	5	6	7
Freedom from blaming your partner when things go wrong	1	2	3	4	5	6	7
Willingness to admit to having hurt your partner and ask your partner for forgiveness	1	2	3	4	5	6	7
Ability to forgive your partner after a hurt	1	2	3	4	5	6	7
Intimacy & Closeness	1	2	3	4	5	6	7
Central Values & priorities of what is important in life	1	2	3	4	5	6	7
My thoughts about our relationship being positive and hopeful	1	2	3	4	5	6	7
Commitment to my partner for the long term	1	2	3	4	5	6	7

Created by Worthington et al. (1997) & Ripley (2009)

Screener total score CARE: _____

Questions about change in your relationship

1. I think my relationship might be ready for some improvement.	Strongly disagree	Disagree	Agree	Strongly agree
2. I would rather cope with our issues, than try and change them.	Strongly disagree	Disagree	Agree	Strongly agree
3. I think our relationship has some problems, but there is nothing I need to do to change.	Strongly disagree	Disagree	Agree	Strongly agree
4. I feel we need some help on our relationship.	Strongly disagree	Disagree	Agree	Strongly agree
5. I don't know how to improve our relationship.	Strongly disagree	Disagree	Agree	Strongly agree
6. I am working hard to change our relationship.	Strongly disagree	Disagree	Agree	Strongly agree
7. Even if we work on our problems, I feel we might have a relapse and the problems will return.	Strongly disagree	Disagree	Agree	Strongly agree

Screeener estimate stage of change: _____

Any further comments or things your clinicians should know about you?

Thank you for completing this information. You will need to print this and bring it with you.