

Today's Date: .....

List the significant people in your life now whom you will be thinking of when answering this questionnaire (*such as partner, friend age 22, etc, no name please*).

.....  
.....  
.....

What words would best describe these relationships at present?

.....  
.....  
.....

Which is/are the most significant role(s) you play in your current significant relationships? *eg. partner, parent, etc*

.....  
.....  
.....

We would like you to tell us *how well the 15 items below describe YOUR CURRENT* view of the significant relationships you listed above. For each item, make your choice by circling the box numbered 1 to 5.

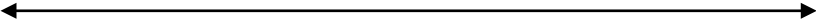
If a statement is "We are nasty to each other" and you feel this is not especially true of your relationships, circle 5 for "Not at all". Do not think for too long about any question, but do try to circle one of the boxes for each question.

| For each line, would you say <b>this describes your significant relationships:</b> | Describe us |      |        |          |            |
|------------------------------------------------------------------------------------|-------------|------|--------|----------|------------|
|                                                                                    | Very Well   | Well | Partly | Not well | Not at all |
| 1) We talk to each other about things which matter to us                           | 1           | 2    | 3      | 4        | 5          |
| 2) We often don't tell each other the truth                                        | 1           | 2    | 3      | 4        | 5          |
| 3) Each of us gets listened to by the other(s)                                     | 1           | 2    | 3      | 4        | 5          |
| 4) It feels risky to disagree in our relationship(s)                               | 1           | 2    | 3      | 4        | 5          |
| 5) We find it hard to deal with everyday problems                                  | 1           | 2    | 3      | 4        | 5          |
| 6) We trust each other                                                             | 1           | 2    | 3      | 4        | 5          |
| 7) It feels miserable in our relationship(s)                                       | 1           | 2    | 3      | 4        | 5          |
| 8) When we get angry we ignore each other on purpose                               | 1           | 2    | 3      | 4        | 5          |
| 9) We seem to go from one crisis to another                                        | 1           | 2    | 3      | 4        | 5          |
| 10) When one of us is upset we get looked after by the other(s)                    | 1           | 2    | 3      | 4        | 5          |
| 11) Things always seem to go wrong for us                                          | 1           | 2    | 3      | 4        | 5          |
| 12) We are nasty to each other                                                     | 1           | 2    | 3      | 4        | 5          |
| 13) We interfere too much in each other's lives                                    | 1           | 2    | 3      | 4        | 5          |
| 14) We blame each other when things go wrong                                       | 1           | 2    | 3      | 4        | 5          |
| 15) We are good at finding new ways to deal with things that are difficult         | 1           | 2    | 3      | 4        | 5          |

*Now please turn over and tell us a bit more about you and the therapy*

What is the problem/challenge that brought you to therapy? The main problem is .....  
.....  
.....  
.....

How severe is it? Please mark your answer on the line below:

|                                                                                    |   |                   |   |   |   |   |   |   |   |    |
|------------------------------------------------------------------------------------|---|-------------------|---|---|---|---|---|---|---|----|
| <b>no problem at all</b>                                                           |   | <b>really bad</b> |   |   |   |   |   |   |   |    |
|  |   |                   |   |   |   |   |   |   |   |    |
| 0                                                                                  | 1 | 2                 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

How are you managing the problem/challenge together with the significant people in your life?

|                                                                                    |   |                   |   |   |   |   |   |   |   |    |
|------------------------------------------------------------------------------------|---|-------------------|---|---|---|---|---|---|---|----|
| <b>very well</b>                                                                   |   | <b>very badly</b> |   |   |   |   |   |   |   |    |
|  |   |                   |   |   |   |   |   |   |   |    |
| 0                                                                                  | 1 | 2                 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Do you think the therapy here will be / has been helpful?

|                                                                                      |   |                  |   |   |   |   |   |   |   |    |
|--------------------------------------------------------------------------------------|---|------------------|---|---|---|---|---|---|---|----|
| <b>very helpful</b>                                                                  |   | <b>unhelpful</b> |   |   |   |   |   |   |   |    |
|  |   |                  |   |   |   |   |   |   |   |    |
| 0                                                                                    | 1 | 2                | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

*Some basic information about you:*

Age: .....

Ethnicity and/or Nationality : .....

Gender: \*female/ male/ others, pls specify: .....

Sexual Orientation: \*heterosexual/ lesbian/ gay/ bisexual/ prefer not to say/ other, pls specify: .....

Relationship status: \*single/ married or civil-partnered/ prefer not to say/ other, pls specify: .....

Education achieved: .....

Main occupation: .....

*\*circle where appropriate*

**THANK YOU FOR YOUR TIME**