Relational SCORE-15 **Site Code□□□ Case Number□□□ Session no. □□□**
Index of Relational Function and Change

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 **this describes your significant relationships:**	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:

no problem at all **really bad**

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?

very well **very badly**

0 1 2 3 4 5 6 7 8 9 10

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

very helpful **unhelpful**

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