Mercy Dennis M.A., L.M.F.T.

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Clinical Member and Fellow: The American Association for Marriage and Family Therapy

Relationship Assessment for _____

Directions: Each partner completes the assessment and returns it to Mercy Dennis.

1. What are the important areas in your relationship that you want to address?
   Below rate the identified areas according to your level of satisfaction.
   (1=extremely dissatisfied; 5=extremely satisfied).
   On the Time line put the length of time that you have experienced this degree of satisfaction or dissatisfaction.
   On the Therapy line identify the five most important areas you want to address in therapy, from 1(lowest in importance) to 5(highest in importance).

		Time:	**Therapy:**
Intellectual Intimacy (the mutual sharing of ideas in respectful, non-judgmental ways)	1_____3_____5	_____	_____
Emotional Intimacy (The sharing of fear, joy, sadness, anger, disappointments, etc.)	1_____3_____5	_____	_____
Shared interests and/or activities	1_____3_____5	_____	_____
Decision Making	1_____3_____5	_____	_____
Sexual Intimacy	1_____3_____5	_____	_____
Parenting	1_____3_____5	_____	_____
Fun and Recreation	1_____3_____5	_____	_____
Spirituality	1_____3_____5	_____	_____
Health and Well-Being (living a healthy lifestyle)	1_____3_____5	_____	_____
Careers	1_____3_____5	_____	_____
Family and Friends	1_____3_____5	_____	_____
Finances	1_____3_____5	_____	_____

Other: (Feel free to include other important areas that are not listed here.)

1. _____	1_____3_____5	_____	_____.
2. _____	1_____3_____5	_____	_____

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For each of the following, circle True or False:

1. True or False My relationship with my partner today is based on love, commitment, and mutual respect.
2. True or False My partner and I communicate effectively when conflict arises between us.
3. True or False My partner and I are able to express ‘negative’ or difficult emotions such as anger, frustration, sadness, disappointment with each other in a safe manner.
4. True or False I trust my partner.
5. True or False I believe my partner trusts me.
6. True or False My partner and I have “dreams” and plans for the future together.
7. True or False I support my partner's individual interests and activities.
8. True or False I believe my partner supports my individual interests and activities.
9. True or False I have considered divorce or breaking up if unmarried.
10. True or False My partner has talked to me about divorce or breaking up if unmarried.
11. True or False I am optimistic that my partner and I can have a more satisfying relationship if we both do the work necessary to make that happen.
12. True or False I believe that both my partner and I share equal responsibility to make our relationship more satisfying for both of us.
13. True or False There are external stressors that impact my level of satisfaction in my relationship. If true, circle all of those that apply and add others that apply to your relationship.

Rate them according to the degree of negative impact on the relationship. (1=greatest negative impact)		Indicate the length of time that your relationship has been negatively impacted by the stressor.
Job loss/job stress	1________3_______5	_______________
Financial instability	1________3_______5	_______________
Illness/disability	1________3_______5	_______________
Addiction	1________3_______5	_______________
Infidelity	1________3_______5	_______________
Blended family concerns	1________3_______5	_______________
Extended family issues	1________3_______5	_______________
Physical separation	1________3_______5	_______________
Others:		
a)__________________	1________3_______5	_______________
b)__________________	1________3_______5	_______________
c)__________________	1________3_______5	_______________

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