Name:

Relational Needs Assessment for Couples

Instructions: Look over this list of ten intimacy needs. First, mark the three (3) needs you consider the most important right now. Next, mark the three (3) needs you think your spouse would consider most important to receive right now.

You Spouse

Acceptance: Receiving another person willingly and unconditionally, even when the other's behavior has been imperfect. Loving another in spite of differences or failures. (Romans 15:7)

Affection: Expressing care and closeness through physical touch; saying "I love you" or "I care about you." (Romans 16:16; Mark 10:16)

Appreciation: Expressing thanks, praise or commendation. Recognizing accomplishment or effort particularly for what someone does. (Colossians 3:15b; 1 Corinthians 11:2)

Approval (Blessing): Building up or affirming another particularly for who they are; affirming both the fact of, and the importance of a relationship. (Ephesians 4:29; Mark 1:11)

Attention: Conveying appropriate interest, concern, and care; taking thought of another; entering another's world. (1 Corinthians 12:25)

Comfort: Responding to a hurting person with words, feelings, and touch; to hurt with and for another's grief or pain. (Romans 12:15b; Matthew 5:4; 2 Corinthians 1:3-4; John 11:35)

Encouragement: Urging another to persist and persevere toward a goal; stimulating toward love and good deeds, particularly when someone is weary. (I Thessalonians 5:11; Hebrews 10:24)

Respect: Valuing and regarding one another highly; treating one another as important; honoring one another. (Romans 12:10)

Security (Peace): Ensuring harmony in relationships even as conflicts are resolved, trust is deepened and vulnerability is expressed; Providing freedom from fear or threat of harm. (Romans 12:16, 18)

Support: Coming alongside and gently helping with a problem or struggle; providing appropriate assistance. (Galatians 6:2)

Name:	Date:
Name:	Date:

Couple Relationship Inventory

1) The boxes on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Select the answer that best describes the degree of happiness, all things considered, of your relationship.

Extremely	fairly	a little	happy	very	extremely	perfect
Unhappy	unhappy	unhappy		happy	happy	

2) Most persons have disagreements with their relationships. Please indicate below the appropriate extent of the agreement or disagreement between you and your mate for each item on the following list.

	Always agree	Almost always agree	Occasionally disagree	Frequently disagree	Almost always disagree	Always disagree
Handling family finances						
Matters of recreation						
Religious matters						
Demonstration of affection						
Friends						
Sexual relations						
Dealing with parents or in-laws						
Amount of time together						
Making major decisions						
Household tasks, chores						
Leisure time, interests, hobbies						
Career decisions						
Parenting issues						

3) Please indicate below approximately how often the following items occur between you and your mate.

	All the	Most of the	More often	Occasionally	Rarely	Never
	time	time	than not			
How often does one of you emotionally						
withdraw or close off from the other?						
How often do and your mate quarrel or						
have conflict?						
How often do you discuss or have you						
considered divorce or separation?						

4) Please indicate below approximately how often the following items occur between you and your mate.

	Every day	Almost every day	Occasionally	Rarely	Never
How often do you confide in your mate?					
How often do you and your mate kiss or demonstrate affection to one another?					
How often do you and your mate pray together or discuss spiritual matters?					
How often have conflicts escalated to the point of emotional or physical abuse?					

Name:	Date:
Marriage	
midst of	e any concerns about you or your spouse's behavior, level of anger, or threats of harm in the conflict? Yes \Box No \Box ase explain.
Have the	re been occasions of emotional, physical or sexual abuse in your marriage? Yes No
If so, plea	ase explain.
	r you or your spouse ever drink alcohol to intoxication? Yes No v is this impacting your marriage?
-	knowledge, has marital infidelity ever occurred in your marriage? Yes No icate which spouse, when, and how you have addressed this.
	e of pornography an issue in the marriage? Yes No icate which spouse, when, and status of the porn use.
How We	Interact During Conflict
	During an argument, I become silent, withdraw and don't want to discuss things.
	I often get angry and critical to get my partner to talk.
	I often want to avoid talking about our relationship.
	I often want to push my partner to talk about our relationship.
	My partner often pushes an issue and won't let it drop.
	My partner withdraws a lot and won't face an issue when I want to talk.

When We're Not Getting Along: Feelings, Thoughts and Behaviors

(Adapted from Douglas Tilley, LCSW-C, printed in *Becoming an Emotionally Focused Couple Therapist* by Susan M. Johnson Ph.D.)

Check off all the statements that reflect the way you feel or what you do when you and your partner are fighting or not getting along.

What I Do	
□ I attack	☐ I criticize
☐ I avoid conflict	☐ I defend
☐ I become cold or aloof	☐ I get quiet
☐ I blame	□ I leave
□ I clam up	☐ I withdraw
What I Feel	
☐ I feel abandoned	☐ I feel inadequate
☐ I feel afraid	☐ I feel empty
☐ I feel alone or lonely	☐ I feel frustrated
☐ I feel angry	☐ I feel guarded
☐ I feel scared	☐ I feel intimidated
☐ I feel attacked	☐ I feel guilty
$\ \square$ I feel blamed or criticized	☐ I feel hopeless
☐ I feel controlled	☐ I feel that I don't matter
☐ I feel disconnected	☐ I feel ignored
☐ I feel invalidated	☐ I feel sad
☐ I feel like it's always my fault	$\ \square$ I feel shut out or pushed away
☐ I feel judged	☐ I feel small or insignificant
☐ I feel smothered	☐ I feel like clinging to my partner
☐ I feel misunderstood	$\ \square$ I feel uncared for or unwanted
☐ I feel unimportant	\square I feel worried or nervous
\square I feel overwhelmed	☐ I feel vulnerable
☐ I feel rejected	☐ I feel unloved

UNDERSTANDING YOUR NEGATIVE CYCLE

(Adapted from Douglas Tilley, LCSW-C, printed in Becoming an Emotionally Focused Couple Therapist by Susan M. Johnson Ph.D.)

Couples get caught in negative "cycles." A cycle is a repeating pattern of negative behaviors, thoughts, and feelings that causes distress. You react to your partner's reactions and your partner reacts to your reactions and you go round and round in a never-ending cycle. Understanding and untangling your negative cycles is a first step in climbing out of distress.

When my partner and I are not getting along:
I often react by (describe your behaviors)
My partner often reacts to me by (describe his/her behaviors)
When my partner reacts this way, I often feel (i.e. hurt, angry, alone, trapped, etc.)
When I feel this way, I begin to see myself as (i.e. weak, inadequate, helpless, etc.)
When I feel this way, what I really long for or need from them is
When I react the way I do, I guess that my partner feels

Summarize: Describe the repeating negative cycle that you and your spouse get caught in (include how you and your partner trigger each other's feelings, thoughts, and behaviors).

Relational Needs Questionnaire

While we all have the same relational needs, the *priority* of those needs is different for each person. Your greatest need may be for *affection*, while your partner's greatest need may be *security*. One child may have anacute need for *comfort*, but another sibling's greatest need may be *encouragement*. *Appreciation* may be at the top of the list for your next door neighbor, while your tennis buddy needs *approval* more than anything else.

An important aspect of learning to love others is taking the time to know them and to discover what their priority needs are. This questionnaire will help you assess your most important relational needs. Answer the questions, then score the questionnaire to identify which needs you perceived as most important.

Instructions: Respond to these questions by placing the appropriate number beside each item: Strongly Disagree Neutral Disagree Agree **Strongly Agree** -2 -1 0 1 2 It's important that my spouse accepts me for who I am, even if s/he views me as "different" or _ 1. "difficult." 2. It's important to me that our marriage and family finances be in order. 3. I sometimes become discouraged when I'm struggling in my marriage. 4. It's vital to me that my spouse asks me my opinion. 5. It's important that I receive physical hugs, warm embraces, etc from my spouse. 6. I feel good when my spouse "enters my world" and shows interest in things that matter to me. 7. It's important for me to know "where I stand" with my spouse. 8. It is meaningful when my spouse notices that I need help and then offers to get involved. 9. If I feel overwhelmed, I want my spouse to come alongside me and help. 10. I feel blessed when my spouse recognizes and shows concern for how I'm feeling. _ 11. I like to know if "who I am" is of value and is meaningful to my spouse. 12. It is important to me to express myself—what I think, feel, etc.—to my spouse. 13. It means a lot to me for my spouse to initiate saying to me, "I love you." 14. My individuality is important, and it is important to me that my spouse sees that. 15. I am blessed when my spouse listens and encourages me when I'm discouraged. 16. It's important to me that my spouse affirms me not just for what I do, but also for who I am. 17. I feel best when my relationship with my spouse is "orderly" and predictable. 18. When I've worked hard on something, I am pleased when my spouse expresses gratitude. 19. When I make a mistake, it's important to me to be reassured that my spouse still loves me. 20. It's encouraging to me when my spouse notices my efforts or accomplishments. 21. If I feel discouraged and ready to give up, it helps to talk it out with my spouse. 22. I want to be treated with respect by my spouse, even when I have made a mistake. 23. I like to be greeted with hugs and kisses from my spouse. 24. I like it when my spouse wants to spend time with me.

_____ 25. I am blessed when my spouse says, "Good job."

Relational Needs Questionnaire - CONTINUED

Instructions: Respond to these questions by placing the appropriate number beside each item:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
-2	-1	0	1	2	
26. It's important to	me for my spo	use to express c	are for me afte	r I've had a hard day.	
27. When facing so	mething difficul	t, I appreciate m	ny spouse's inp	ut and help.	
28. After a loss or d	ifficulty, I like re	eceiving written	notes, e-mails,	or calls expressing care from	m my
spouse.					
 29. I feel good whe	n my spouse sho	ows joy in who I	am.		
 30. I enjoy when m	y spouse speaks	well of or ment	ions me public	ally to other people.	
 31. I like hugs and/	or other caring p	ohysical touch fr	om my spouse		
 32. When a decision	n is going to affe	ect me, it's impo	rtant to me tha	at my spouse involves me in	l
deciding.					
 33. I feel encourage	ed when my spo	use shows inter	est in what I'm	working on.	
 34. I like it when my	y spouse gives g	ifts as an affirma	ation of somet	ning significant I have done.	
 35. I sometimes wo	rry about the fu	iture of my mari	riage.		
 36. I like it when my	y spouse accept	s me as an indiv	idual—that we	don't have to be alike in ou	ır tastes
and preferences.					
 37. It helps me to e	xperience that r	my spouse is "lo	oking out for m	e," seeking to protect me f	rom
possible threats or	harm.				
 38. It would bother	me if my spous	e didn't like som	neone because	they dressed or acted differ	rently.
 	•	•	•	yful and difficult times.	
 		•	•	f gratitude from my spouse	•
 41. To know that m					
	•			l of my actions or decisions.	
				essions of love from my spo	use.
 44. I am pleased wh		•			
 45. I am blessed wh					
 **				lisappointment or trouble.	
 • •				ny spouse work with me.	
 48. It's important fo					
 				nd show me loving concern	1.
50. I prefer to work	on something v	with my spouse	rather than on	my own.	

Family of Origin Questionnaire

Please provide the following information regarding each person from your family origin and anyone that lived in your home while you were growing up. Insert their relationship to you inside the [] such as brother, sister, etc. Please include parents, siblings, step-parents or step-siblings. If you were adopted, please indicate that they are your adoptive parents. If someone is deceased, please note the year of their death and their age at death.

[Mother] Name	Age
Occupation	
Describe their personality when you were gi	rowing up:
Describe your relationship with them when	you were growing up:
Describe how she praised you:	
Describe how she criticized you:	
[Father] Name	Age
Occupation	
Describe their personality when you were gi	
Describe your <i>relationship with them</i> when	you were growing up:
Describe how he praised you:	
Describe how he criticized you:	
[] Name	Age
Occupation	
Describe their personality when you were gi	
Describe your <i>relationship with them</i> when	you were growing up:
[] Name	Age
Occupation	
Describe their personality when you were gr	
Describe your <i>relationship with them</i> when	you were growing up:
[] Name	Age
Occupation	
Describe their personality when you were gi	
Describe your <i>relationship with them</i> when	you were growing up:
[] Name	Age
Occupation	
Describe their personality when you were gi	rowing up:
Describe your <i>relationship with them</i> when	you were growing up:
Describe how mom showed that she loved y	/ou:
Describe how dad showed that he loved you	
How did Mom and Dad deal with conflict be Dad would Mom would	tween themselves?

Name: Date: How did Mom and Dad handle conflict with you? Dad would Mom would Have you lost a parent, sibling or any other person close to you through death? Yes Nο If so, who? What was your age? How has their death impacted you? Did your parents ever divorce? Yes No If so, how old were you? Which parent did you primarily live with afterward? How has their divorce impacted your life? Was there any form of alcohol or substance abuse in your home growing up? Yes No If yes, please describe and explain how this impacted you and your family. Did either of your parents ever threaten you with harm or abandonment? Yes No If so, please describe. Have there been any experiences in your life that you would consider abusive or traumatic? Yes If so, please describe. To your knowledge, are there currently, or were there any indications of mental or emotional disorders in any of your family members growing up? Yes No If so, whom What type of disorder? How did their disorder impact you and your family To your knowledge, was marital infidelity an issue with either of your parents growing up? Yes Nο If so, how did they resolve this? How has it impacted you and your family? What was the role of faith or spirituality in your home growing up? When you were hurting, frightened, or upset as a child, what would you do? How would your parents respond to you when you were hurting, frightened, or upset? What stands out to you as the most positive experience growing up in your family?

What stands out to you as the most negative experience growing up in your family?

Name:	Date:
Indicate either "Mom" or "Dad," "both," o your home life as a child.	r "neither" next to the following phrases to help describe
Family leader Main disciplinarian Quick temper	Comfortable giving affection to me Hard to please Parent I felt closest to
Check the following phrases that best desc	ribe your thoughts about your childhood.
performance-based, lots of rules. ☐ I often felt alone. ☐ I always felt like we "walked on egg	-my performance. racter. ver to the rest of the family. Our home was demanding, gshells" around our house. even when my parents were around. It was always use everyone. I" me.
What emotions did you feel as you were con	npleting the questions above?
Do you think your experiences as a child may	be affecting your view of God? How?
If married, in what ways might your experier	nces as a child be affecting how you relate to your spouse?
If single, in what ways might your experience	es as a child be affecting how you relate to other people?

Life Script – Adult Issues
What do you see as your current top five priorities in life?
1.
2.
3. 4.
5.
What would "heaven on earth" be for you?
What would you like to see accomplished in your life during the next twelve months
What are your three most pressing "problems" and why? 1.
2.
3.
What have you attempted so far to deal with these problem areas? 1.
2.
3.
What feelings or thoughts would best describe how you feel about your life?
What would you like to be "remembered for"?
Complete the following sentences based on your perceptions.
Jesus is
I am
My spouse is
My marriage is
My future is
I am hurt about
I am frustrated about
I am anxious about
I am sad about
I regret that
I find relief by
I wish that

Name: Date:
Health and Psychological History
Have either you or your spouse contacted an attorney about divorce or separation? Yes No If so, indicate which spouse has made contact, when, and status of the legal action.
Do you have any medical or health condition that would require special arrangements during your participation in the Intensive (such as a particular type of chair for a back condition, special dietary requirements, etc)? Yes No If yes, please describe the condition and the arrangements necessary.
Do you have any medical or health condition that would potentially impair your ability to participate fully in the Intensive? Yes No If yes, please explain.
Have you had a significant alcohol or substance abuse problem in the past? Yes No If yes, please discuss the circumstances, dates, and current status of the abuse or addiction.
Do you currently experience problems with alcohol or other substances? Yes If yes, please share briefly the type of problem you are experiencing.
Have you experienced any type of eating disorder in the past? Yes No If yes, please describe the type, duration, and current status of the eating disorder.
Have you been physically or sexually abused? Yes No If yes, please describe the type of abuse, relationship to the abuser, duration of abuse, and any treatment you received for the abuse.
Are there any concerns or questions you would like to discuss with one of the counselors prior to arriving? If so, please discuss briefly your concern below. If you prefer, you may also call our office and ask to speak to a counselor.
Please list your physician's name and phone number in case of emergency.
Please list the name and phone number of a person to contact in case of emergency:

I affirm that I have answered the above questions honestly.

Signature Date