## INSTRUCTIONS:

Below you will find several questions about your relationship with your spouse/partner. Please place an "X" over the circle that best indicates how often each of the following situations occurs.

|  | Less Than <br> Once a <br> Month | At Least <br> Once a <br> Month | At Least <br> Once a <br> Week | Every <br> Day |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |

1. How often do you argue with your spouse?
2. How often does your spouse criticize you?
3. How often does your spouse complain about your behavior?
4. How often does your spouse prevent you from doing something you want to do?
