Klaybor&Klaybor
psychotherapy services

Name:_____ **Date:**_____

Please complete this brief survey to help us understand where you are experiencing problems in your relationships.

Relationship Survey

Instructions. Use checks (✓) to indicate whether you're having problems in any of the following areas. **Please answer all of the items.**	No	Maybe	Yes
Have you had any of problems –			
1. At school?			
2. In your work or career?			
3. With your goals, sense of identity, sexual preferences, or personal values?			
Have you had any problems or conflicts in your relationships with –			
4. Your child or parents?			
5. Your spouse, partner, or another close relationship?			
6. A brother or sister?			
7. Friends, neighbors, classmates, customers, or coworkers?			
8. A family member who is suffering from a medical or psychiatric problem?			
9. Are you struggling because of the death of a loved one?			

Relationship Satisfaction Scale ***Instructions.*** *Use checks (✓) to indicate how satisfied or dissatisfied you feel about your relationship with some person.* _____ ***Name of person or relationship you are rating.***	Dissatisfied				Satisfied		
	0 – Very	1 – Moderately	2 – Slightly	3 – Neutral	4 – Slightly	5 – Moderately	6 – Very
10. Communication and openness							
11. Resolving conflicts and arguments							
12. Degree of affection and caring							
13. Intimacy and closeness							
14. Overall satisfaction							
						Total (5 items) ➔	

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