

# Couples Counseling Assessment

Patient information									
Name:	Date of assessment:								
Contact information:									
Phone:	Email:								
Relationship status: (e.g., married, engaged, cohabitating)									
Length of relationship:									
Relationship history									
1. How did you meet?									
2. What significant events have shaped your relationship?									
3. What are some of your favorite shared activities or experiences?									
Current relationship dynamics									
1. What are the strengths of your relationship?									
2. What challenges are you currently facing?									
3. How do you typically resolve conflicts?									
4. Rate your overall relationship satisfaction on a scale of 1-10 (1 being very dissatisfied, 10 being very satisfied):									
1	2	3	4	5	6	7	8	9	10
Goals for counseling									
1. What are your primary goals for counseling?									
2. What specific issues would you like to address during counseling?									

## Dyadic Adjustment Scale (DAS)

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

5 - Always agree;      4 - Almost always agree;      3 - Occasionally disagree;      2 - Frequently disagree;  
1 - Almost always disagree;      0 - Always disagree

	5	4	3	2	1	0
1. Handling family finances						
2. Matters of recreation						
3. Religious matters						
4. Demonstrations of affection						
5. Friends						
6. Sex relations						
7. Conventionality (correct or proper behavior)						
8. Philosophy of life						
9. Ways of dealing with parents or in-laws						
10. Aims, goals, and things believed important						
11. Amount of time spent together						
12. Making major decisions						
13. Household tasks						
14. Leisure time, interests and activities						
15. Career decisions						
0 - All the time;      1 - Most of the time;      2 - More often than not;      3 - Occasionally;      4 - Rarely;      5 - Never						
	0	1	2	3	4	5
16. How often do you discuss or have you considered divorce, separation, or terminating your relationship?						
17. How often do you or your partner leave the house after a fight?						
18. In general, how often do you think that things between you and your partner are going well?						
19. Do you confide in your partner?						
20. Do you ever regret that you married (or lived together)?						
21. How often do you and your partner quarrel?						
22. How often do you and your partner "get on each other's nerves?"						
4 - Every day;      3 - Almost every day;      2 - Occasionally;      1 - Rarely;      0 - Never						
	4	3	2	1	0	
23. Do you kiss your partner?						
4 - All of them;      3 - Most of them;      2 - Some of them;      1 - Very few of them;      0 - None of them						
	4	3	2	1	0	
24. Do you and your partner engage in outside interests together?						

0 - Never;      1 - Less than once a month;      2 - Once or twice a month;      3 - Once or twice a week;  
 4 - Once a day;      5 - More often

<i>How often would you say the following events occur between you and your partner? Refer to questions 25-28</i>	0	1	2	3	4	5
25. Have a stimulating exchange of ideas						
26. Laugh together						
27. Calmly discuss something						
28. Work together on a project						

*These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinion or were problems in your relationship during the past few weeks. (Check yes or no)*

29. Being too tired for sex	Yes	No
30. Not showing love	Yes	No

31. The circles on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness in most relationships. Please fill in the circle that best describes the degree of happiness, all things considered, of your relationship.

Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfect
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32. Which of the following statements best describes how you feel about the future of your relationship?

5	I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
4	I want very much for my relationship to succeed, and will do all I can to see that it does.
3	I want very much for my relationship to succeed, and will do my fair share to see that it does.
2	It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.
1	It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
0	My relationship can never succeed, and there is no more that I can do to keep the relationship going.

**Reflection**

1. What do you believe are your contributions to the relationship?

2. What areas would you like to improve in yourself for the benefit of the relationship?

**Additional notes****Healthcare professional information****Name:****Date of assessment:****Contact information:**

Phone:

Email:

**Signature:**

## Scoring and interpretation

The items are scored on a Likert scale, typically ranging from 0 to 6 or 0 to 5, depending on the specific item. The total score is obtained by summing the scores of all items, yielding a range from 0 to 151. **Higher scores reflect more positive dyadic adjustment and relationship quality.**

**Total DAS score:**

**Subscales:**

Dyadic consensus scale (Items 1, 2, 3, 5, 7-15)

Total score:

Dyadic satisfaction scale (Items 16-23, 31-32)

Total score:

Dyadic cohesion scale (Items 24-28)

Total score:

Affectional expression scale (Items 4, 6, 29-30)

Total score:

## References

Addiction Research Center (n.d.). *Dyadic Adjustment Scale (DAS)*. <https://arc.psych.wisc.edu/self-report/dyadic-adjustment-scale-das/>

Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38(1), 15–28. <https://doi.org/10.2307/350547>