

Name: \_\_\_\_\_

Date : \_\_\_\_\_

Please circle or put a mark next to the # that resembles how you think your relationship has measured as of late.

**1 =horrible**

### Couple's Scale

**10= great**

Communication

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1      2      3      4      5      6      7      8      9      10

Respect

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1      2      3      4      5      6      7      8      9      10

Quality time together

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1      2      3      4      5      6      7      8      9      10

Help in household

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1      2      3      4      5      6      7      8      9      10

Sex

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1      2      3      4      5      6      7      8      9      10

Being a father

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1      2      3      4      5      6      7      8      9      10

Being a mother

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1      2      3      4      5      6      7      8      9      10

Managing of finances

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1      2      3      4      5      6      7      8      9      10

Our relationship in general

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1      2      3      4      5      6      7      8      9      10

Other (trust...): \_\_\_\_\_

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1      2      3      4      5      6      7      8      9      10