

Life Ministries

Relationship Questionnaire

(If you are not in a relationship at this time, just refer to your most recent past relationship.)

Yes Mid No

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you meet your partner's needs at the expense of your own? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever struck or been struck by your spouse or partner? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you afraid to express to your spouse or partner when your feelings are hurt? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Does your spouse or partner tell you how to dress? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you smile or laugh even though you're angry? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have difficulty saying "no" and sticking to it? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Is it difficult to express your true feelings to your spouse or partner? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you feel anxious and uncomfortable when alone? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you feel rejected or jealous when your spouse or partner is spending time with friends? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you feel shame when your spouse or partner makes a mistake? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you give into sex when you don't want to? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you withhold sex to get even? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you feel that your spouse or partner's opinions is worth more than your own? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you depend on your spouse or partner to make the most of the decisions in the relationship? |

- ☐ ☐ ☐ 15. Do you feel very upset when your spouse or partner does not follow your plan?
- ☐ ☐ ☐ 16. Are you afraid to let your spouse or partner really know what you are feeling inside?
- ☐ ☐ ☐ 17. Do you keep silent in order to avoid upsetting others?
- ☐ ☐ ☐ 18. Do you feel as though you “give and give” and get nothing in return?
- ☐ ☐ ☐ 19. Do you freeze up when in conflict with your spouse or partner?
- ☐ ☐ ☐ 20. Are you generally dissatisfied with your friendships?
- ☐ ☐ ☐ 21. Do you often say “it’s not that bad” or “it could be worse”?
- ☐ ☐ ☐ 22. Do you often feel trapped in your relationship?
- ☐ ☐ ☐ 23. Do you generally try to control your emotions?
- ☐ ☐ ☐ 24. Do you lose control of your emotions during conflict?
- ☐ ☐ ☐ 25. Do you feel that your relationship would fall apart without your constant effort to maintain it?
- ☐ ☐ ☐ 26. Do you often feel used and unappreciated by your spouse or partner?
- ☐ ☐ ☐ 27. Do you daydream of what it would be like to find someone who really loved you and appreciated you since you have so much to give in a relationship?
- ☐ ☐ ☐ 28. Do you sometimes feel so hopeless that life doesn’t feel worth living?

Total number of Yes answers _____ X 2 = _____

Total number of Mid answers _____

Yes + Mid = _____