

INFORMATION AND GUIDELINES FOR NEW CLIENTS ON Pre-Marital Counselling by Dr. Tat-Ying Wong

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Reminder to all new clients:

Please read this pamphlet thoroughly before your first interview. It contains information that is important to your success in pre-marital counselling. Please write down any questions that you may have to discuss with your counsellor during the first session.

WHAT IS PREMARITAL COUNSELLING

Choosing a mate is one of the most important lifetime decisions that you will ever make. With the divorce rate near 50 percent, it is imperative that couples preparing to be married work together to reduce this risk. Premarital counselling is aimed at providing a good start for your marriage by helping you to become more aware of your strengths and weaknesses as a couple and to grow in your relationship. Couples who seriously participate in premarital testing and counselling will have a better understanding of what the marriage commitment involves and will be better equipped to develop a life long satisfying and growing relationship. Therefore, couples are encouraged to set aside sufficient time, effort and commitment for intensive and extensive marriage preparation, instead of concentrating only on wedding plans. It is important to remember that a wedding is but a day; but a marriage is for a life time.

THE COUNSELLING PROCESS

1. Couples who plan to be married must request the premarital counselling intake, information, and application form from the office staff or counsellor. This must be completed for each individual in full and returned during the first session.
2. Couples are encouraged not to confirm the final date for the wedding until they have satisfactorily completed the initial assessment and first two counselling sessions.
3. The couple will be asked to complete psychological and relationship instruments including the PREPARE inventory and relationship workbooks. The cost of these instruments and books is around \$100 for the couple and will be the responsibility of the couple since O.H.I.P. does not cover these. The couple is also encouraged to buy the books on the reading list and to read and work through these diligently. The couple will also schedule appointments for the six sessions before the wedding. Cancellations must be rescheduled at least one full day in advance.
4. The first appointment will involve a preliminary relationship history and family of origin assessment of the couple. The format of the premarital counselling sessions will also be explained and questions will be answered. The counselling sessions are normally 46 minutes in length and may be extended if the schedule permits. The couple is encouraged to complete all the assigned homework prior to each session which takes at least two hours for each session. It takes hard work, commitment and time to build a strong and lasting relationship.
5. If the initial assessment reveals high risk for serious marital difficulties and these have not been dealt with successfully, additional sessions will be recommended. Factors that may result in relationship difficulties include cohabitation, previous separation or divorce, parental marital conflict, dysfunctional family of origin, unresolved family stressors and

losses, parental disapproval, lack of affection, attachment, respect, trust, openness and commitment, emotional instability, immaturity or incompatibility, significant differences in social, economic, educational, cultural or religious backgrounds, sexual, physical, emotional or verbal abuse, addictions, mental health problems, financial difficulties, unemployment, premarital pregnancy, poor self-esteem, health problems, problems with boundary, communication or conflict resolution, lack of identity and security, history or practice of immorality, and major incompatibilities in life values, interests and dreams.

6. The premarital sessions will focus on communication, family of origin, finances, and sexual relationship plus other growth areas identified during the initial assessment. Additional sessions will be scheduled as needed. Specific, concrete and measurable goals and methods to work through each area will be negotiated with the couple tailored to their unique needs. Couples are encouraged to invite their parents for the family of origin session. Counselling is a collaborative effort in which the clients participate actively in setting goals, working through the problems, overcoming obstacles, doing homework assignments and giving honest feedback. The therapist's role is to provide structure, education, guidance, skills, and insights to help the couple reach their goals. A combination of cognitive, experiential and behavioral approaches may be used in the context of a systems framework. Regular evaluation of progress and discussion of feedback are important and couples are urged to write down and discuss any questions or concerns arising from counselling at the beginning of each session.

7. A minimum of two post-marital sessions will be scheduled six months after the wedding date and will focus on conflict resolution, changing roles and building a lasting relationship. The married couple may be asked to complete instruments assessing marital satisfaction and areas of strengths or weaknesses. Additional sessions will be scheduled as required.

8. If serious relationship or individual problems are encountered in the course of the premarital counselling, the couple may be referred to appropriate counselling professionals or agencies in the community with more expertise in the problem area.

9. The couple is encouraged to attend premarital seminars, retreats or courses in groups and meet with a mature married couple to help the premarital couple grow in their relationship.

POLICIES

1. The counselling sessions are normally 46 minutes and you are responsible for booking them with the secretary and informing her that the appointment is for counselling. Once you have negotiated a specific number of sessions, you are encouraged to book them all in advance to prevent any scheduling difficulties in the future.

2. Your sessions are paid for by O.H.I.P. since all the therapists are physicians. It is important that you maintain up to date health care coverage. Otherwise, you will be billed for the cost of each session*. You will be asked to sign a health care number release form on your first visit. You are responsible for informing the secretary of any changes in your address, coverage, marital status and health card version code.

3. Psychological testing is not covered by O.H.I.P.. Similarly, you will be charged for any reports, letters, etc. which you request your therapist to prepare and send. Likewise, third party services are also not covered by O.H.I.P. and will be billed.

4. Appointments are considered to be confirmed at the time that they are booked. If you have to cancel a session, a minimum of 24 hours before your appointment time is required so that other clients can be scheduled to take your place.

Otherwise, you will be charged for the missed interview since O.H.I.P. will not cover this*. If you are more than 15 minutes late, the first half of your session cannot be charged to O.H.I.P. and you will be charged*.

5. We normally retain your file for a maximum of two years after the last interview.

6. Please complete thoroughly the client intake forms with basic information about you and your family, a medical review form, and basic premarital information. This helps speed up the process of gathering the basic demographic, personal, and family data and leaves more time for the actual counselling.

7. Since there is a high demand for O.H.I.P. covered counselling, it is only fair that clients who miss sessions or terminate prematurely will be placed at the end of the waiting list.

*Our usual fee is \$120.00 per session

CONFIDENTIALITY

All discussion with your premarital therapist or team is strictly confidential and all information is held in confidence, subject to any legal requirements placed on the therapist by law and professional training, supervision or consultation. Strictest confidentiality is maintained by all members of the team, the supervisor, consultant, and office staff. Sessions may be discussed, monitored, audio or videotaped for training, supervision or consultation purposes only. This ensures that you receive the best possible care and the benefit of the experience of supervisors or experts.

BENEFITS AND RISKS OF COUNSELLING

Couples who undergo premarital counselling should realize that participants frequently make significant changes in their lives. For example, people often modify their emotions, attitudes, and behaviors or make changes in their premarital or other significant relationships such as with parents, children, friends, relatives and supervisors at work. Because of counselling, participants may change employment, begin to feel differently about themselves, or alter significant aspects of their lives and relationships. If you have any further questions about the benefits and risks of premarital counselling, please discuss this with your counsellor.

LOCATION

We are located in the Keele Medical Center on 2830 Keele St. in Suite 402, about a quarter mile north of Wilson and highway 401 on the West side of Keele St.. Both the Keele bus #41 from the Keele subway station and the Calvington bus #120 from the Wilson subway station stop in front of our doorstep. Free parking is available at the site, the nearby church or plaza.

GETTING TO KNOW US

Dr. Wong is part of the staff at the Grace Health Center which is a group of four family physicians plus support staff working together to care for you. We consider health as having many components including the physical, social, psychological, and spiritual dimensions. We encourage clients to take responsibility for their own life and health. We share a deep commitment to helping, high professional standards of training and conduct, membership in accredited helping professions, a common value system and Christian philosophy.

Dr. Wong completed his doctorate degree in medicine from the University of Toronto medical school and has been in a Christian group family practice for the past three decades. He has also completed a Masters of Theological

Studies focusing on individual counselling and a Masters of Divinity in counselling focusing on marital and family therapy at the Ontario Theological Seminary. He has also undertaken postgraduate training in marital, family, and sexual therapy at the University of Toronto and holds a Certificate in Marriage and Family Therapy Supervision from the University of Guelph.

Dr. Wong is a registered marriage and family therapist in Ontario, Clinical Fellow and Approved Supervisor of the Ontario Association of Marriage and Family Therapy and the American Association of Marriage and Family Therapy. He is also a Clinical Supervisor in the Counselling Skills Training Program in the Department of Family and Community Medicine at the University of Toronto and Program Director and Clinical Supervisor in the Masters level Marriage and Family Therapy Internship Program at Grace Health Centre. Dr. Wong is an ICEEFT Certified Emotionally Focused Therapist, Supervisor and International Trainer. EFT is the attachment, systems and experientially based model that has the best stable outcome in couple therapy. Dr. Wong is available for conducting individual, couple and family therapy. He has extensive experience in the treatment of depression, anxiety disorders, and stress. His special interests include premarital counselling, vocational counselling, families in ministry, cultural contextualization of family therapy to Chinese families, and family therapy related to medical problems in family medicine.

Referrals to Dr. Wong for individual, couple, or family therapy in a team setting can be arranged by calling 633-7337 and specifying an appointment for counselling.

TO PREMARITAL COUNSELLING APPLICANTS: Please complete this form accurately and return it to your counsellor during the first appointment. PLEASE PRINT CLEARLY

NOTE: All information is confidential and nothing will be released without your permission except for cases required by law. Your consent is required for communication between the counsellor and officiating minister.

A. Personal Information:

1.SELF: Surname _____ Given Name _____
 Address _____ Postal Code _____
 Phone (home) _____ (business) _____
 Date of Birth _____ Place of Birth _____ Occupation _____
 Health card number _____ Name on health card _____ Initials _____
 Expiry date _____ Version code _____

2.PARTNER: Surname _____ Given Name _____
 Address _____ Postal Code _____
 Phone (home) _____ (business) _____
 Date of Birth _____ Place of Birth _____ Occupation _____
 Health card number _____ Name on health card _____ Initials _____
 Expiry date _____ Version code _____

3.Notify in case of emergency _____ Relationship _____
 Phone (home) _____ (business) _____

B. Relational Status:

Single__ Separated__ (date _____) Divorced__ (date _____)
 Common Law__ (date _____) Widowed__ (date _____) Remarried__ (date _____)
 Number of previous marriages: Male__ (dates _____) Female__ (dates _____)
 Engaged__ (date _____) Tentative Wedding Date _____ Length of time known each other _____
 Length of time dating _____ Date when decided to get married _____ Premarital pregnancy: Yes/No
 Relationships before current one__ House moves since marriage__

C. Vocational Status:

Male: Employer _____ Position _____ Years _____
 Previous Employer _____ Position _____ Years _____
 Female: Employer _____ Position _____ Years _____
 Previous Employer _____ Position _____ Years _____

D. Educational Status:

Current or highest level completed: Male _____ Female _____
 Educational Institutions attended: Male _____ Female _____

E. Denominational affiliation:

Male _____ Years _____ Pastor _____
 1. Have you accepted Jesus Christ to be your Lord and Savior? Yes/No Date of decision _____ Date of baptism _____
 2. If you were to pass away today, where would you go? _____
 3. If God asked you why he should let you come into his presence, what would you say? _____
 Female _____ Years _____ Pastor _____
 1. Have you accepted Jesus Christ to be your Lord and Savior? Yes/No Date of decision _____ Date of baptism _____
 2. If you were to pass away today, where would you go? _____
 3. If God asked you why he should let you come into his presence, what would you say? _____

F. Nuclear Family (Children from previous relationships):

Name	Date of Birth	Age	Name	Date of Birth	Age
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

G. Family of Origin:

Male: Father _____ Age _____ Location _____ (Date deceased _____)
Step Father _____ Age _____ Location _____ (Date deceased _____)
Mother _____ Age _____ Location _____ (Date deceased _____)
Step Mother _____ Age _____ Location _____ (Date deceased _____)

Siblings: Name Age Marital Status Location
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Female: Father _____ Age _____ Location _____ (Date deceased _____)
Step Father _____ Age _____ Location _____ (Date deceased _____)
Mother _____ Age _____ Location _____ (Date deceased _____)
Step Mother _____ Age _____ Location _____ (Date deceased _____)

Siblings: Name Age Marital Status Location
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

H. Referral Source:

Name _____ Address _____ Phone _____

I. Relationship assessment: (please answer individually on separate sheets of paper)

- 1. How do you know that marrying this partner is God's will?
- 2. Please list ten reasons why you want to marry now.
- 3. What have you done to prepare yourself for your marriage relationship.
- 4. Given that the current divorce rate is close to 50%, what are you doing to prevent this from happening after you get married.
- 5. List ten areas that you may have difficulty in after you get married.
- 6. Write down your definition of love and what it means in your relationship.
- 7. List ten strengths and ten weaknesses about your partner.
- 8. List ten things about your partner that attracted you. List ten things about your partner that put you off.
- 9. List three most enjoyable and three most unpleasant experiences from your relationship.
- 10. Write your description of an ideal marriage partner.
- 11. Write your description of an ideal marriage.
- 12. If you are a Christian, please attach a copy of a brief account of how you became a Christian and your Christian experience.

J. Commitment to Marriage Preparation: (please read before signing)

I understand the importance of preparing for this lifetime marriage relationship and am committed to the premarital counselling program offered by my counsellor. I will complete all the necessary assignments and attend all the sessions prepared. I will also commit myself to working on the areas of growth with my partner. I understand that a recommendation regarding our suitability for marriage will be made after we have completed part or all of the premarital counselling in cases in which this is required by the officiating minister.

I also understand that the cost of the materials, books, workbooks and some of the assessments will be my responsibility. The total cost is about \$100.

K. Medical Review: Please complete separate form for each partner. All premarital clients are strongly urged to have a complete medical check up by their family physician prior to counselling or as soon as possible.

Date _____ Signature(s) _____

MEDICAL REVIEW FORM FOR PREMARITAL COUNSELLING CLIENTS

Name _____ Date of Birth _____ Date _____

Name of Family Physician _____ Phone _____
Address _____ Postal Code _____

Other Professional health providers/specialists:

Name _____ Specialty _____ Phone _____

Address _____ Postal Code _____

Name _____ Specialty _____ Phone _____

Address _____ Postal Code _____

Date of last medical check up _____ height _____ weight _____

1. Have you ever been treated for or had indications of (underline applicable items):

- A. *High blood pressure, hypoglycemia, diabetes, anemia, or any other disorder of the blood.*
- B. *Chest pains, shortness of breath, heart attack, rheumatic fever, heart murmur, irregular pulse, or other disorders of the heart or blood vessels.*
- C. *Disorders of the thyroid, skin, or lymph glands.*
- D. *Sugar, albumen, blood, or pus in the urine, or syphilis, gonorrhoea, or other venereal disease.*
- E. *Any disorder of the kidney, bladder, prostate, breast, or reproductive organs.*
- F. *Ulcer, chronic indigestion, intestinal bleeding, hepatitis, colitis, diarrhea, or other disorders of the stomach, intestine, rectum, spleen, pancreas, liver, or gall bladder.*
- G. *Asthma, tuberculosis, bronchitis, emphysema, or other disorders of the lung.*
- H. *Fainting, convulsions, tension or migraine headaches, paralysis, epilepsy, stroke, memory loss, confusion, or any disorders of the brain or nervous system.*
- I. *Arthritis, gout, back pain, or other disorders of the muscles, bones, or joints.*
- J. *Disorders of the eyes, ears, nose, throat, or sinuses.*

2. Have you noticed any recent changes in your: (Please underline changes)

- A. *Vision, hearing, coordination, balance, strength, speech, memory, or thinking*
- B. *Energy, sleeping, eating, elimination, menstrual cycle, or sexual activity.*

3. Please list past operations, hospitalizations and medical diagnoses:

4. Please list all prescriptions or medications that you are now taking:

5. Are you allergic or sensitive to any medication, food, pollens, etc.. If so, please list.

6. Family history of any medical problems/other comments:

7. Estimate the present condition of your physical health: Excellent__ Good__ Fair__ Poor__

8. How often do you drink alcohol? (Circle the response that fit.)

6+ per day, 3+ per day, 2-3 per day, 1 per day, 6+ per weekend, 3-6 per weekend, 1-3 per weekend,
3+ per month, 1-2 per month, not drink What is your favorite drink? _____

9. How much do you smoke? (Circle the response that fit.)

2+ pack per day, 1-2 pack per day, 2+ pack per week, 1+ pack per week, non-smoker, quit in _____

10. Have you ever been arrested for driving under the influence of alcohol? Yes__ No__

If yes, how many times 1, 2-3, more than 3

11. Do you use drugs? Yes__ No__ If yes, how often? _____

If so, what kind of drugs do you use _____

12. Have you ever been arrested? Yes__ No__

If so, how many times and for what? _____

13. Have you ever been hospitalized for mental or nervous problems? Yes__ No__

If so, where and when? _____

14. Have you ever attempted suicide? Yes__ No__

If so, where and when? _____

15. Do you feel like committing suicide at the present? Yes__ No__ If yes, how? _____

16. Have you ever declared bankruptcy? Yes__ No__

If so, where and when? _____

17. Have you discussed the use of birth control with your physician? Yes__ No__ with your partner? Yes__ No__

18. Have you arranged for a pelvic examination with your partner? Yes__ No__

19. Have you been checked for sexually transmitted diseases? Yes__ No__ hepatitis? Yes__ No__ or HIV? Yes__ No__

20. Any other health concerns: _____

I. Relationship assessment: (please answer individually) Name: _____ Date: _____

1. How do you know that marrying this partner is God's will?

2. Please list ten reasons why you want to marry now.

3. What have you done to prepare yourself for your marriage relationship.

4. Given that the current divorce rate is close to 50%, what are you doing to prevent this from happening after you get married.

5. List ten areas that you may have difficulty in after you get married.

6. Write down your definition of love and what it means in your relationship.

7. List ten strengths and ten weaknesses about your partner.

8.a. List ten things about your partner that attracted you.

b. List ten things about your partner that put you off.

9. List three most enjoyable and three most unpleasant experiences from your relationship.

10. Write your description of an ideal marriage partner.

11. Write your description of an ideal marriage.

12. If you are a Christian, please give a brief account of how you became a Christian and your Christian experience.

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A. PSYCHOSOCIAL SCREEN: Name _____ Date (day/mo/yr) _____ (updated: 12/98)

This questionnaire provides you with a means of reporting problems that you may be having as an individual or in your relationships with your family and others whom you know or work with. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by checking off the number beside the statement using the following scale: 0 = Does not apply, 1 = None of the time, 2 = A little of the time, 3 = Some of the time, 4 = Good part of the time, 5 = Most or all of the time. Please begin.

Statements describing your situation	Does not apply	None of the time	A little of the time	Some of the time	Good part of the time	Most or all of the time	Examples, comments
1. I feel depressed.	0	1	2	3	4	5	
2. I have a low sense of self-esteem.	0	1	2	3	4	5	
3. I feel unhappy.	0	1	2	3	4	5	
4. I feel afraid.	0	1	2	3	4	5	
5. I feel anxious.	0	1	2	3	4	5	
6. I feel nervous.	0	1	2	3	4	5	
7. I have disturbing thoughts or fantasies.	0	1	2	3	4	5	
8. I have problems with my own anger.	0	1	2	3	4	5	
9. I have nightmares.	0	1	2	3	4	5	
10. I have a problem with my own sense of identity.	0	1	2	3	4	5	
11. I have problems with my personal sex life.	0	1	2	3	4	5	
12. The quality of my work is poor.	0	1	2	3	4	5	
13. I have problems in my relationships with friends.	0	1	2	3	4	5	
14. I have problems with people I work with.	0	1	2	3	4	5	
15. There are problems in our family relationships.	0	1	2	3	4	5	
16. I have problems with one or more of my children.	0	1	2	3	4	5	
17. My partner and I have problems in our relationship.	0	1	2	3	4	5	
18. My partner and I have problems with our sexual relationship.	0	1	2	3	4	5	
19. My mother and I have problems in our relationship.	0	1	2	3	4	5	
20. My father and I have problems in our relationship.	0	1	2	3	4	5	

B. PROBLEM CHECKLIST: Please circle any of the following areas that are currently problems for you and are reasons for you coming in for counselling.

Feeling inferior to others	Under too much pressure and stress	Feeling down or unhappy
Feeling nervous or anxious	Feeling lonely	Experiencing guilt feelings
Suspicious feelings toward others	Afraid of being on your own	Angry feelings
Can't feel anger	Feeling down on yourself	Feeling you don't belong
Financial concerns	Feeling cut off from your emotions	Difficulty knowing your emotions
Being unable to ask for what you want	Difficulty expressing your emotions	Concerns about physical health
Concerns about emotional stability	Lacking self-confidence	Feeling fat
Eating, then purging, to control weight	Use of alcohol	Use of other drugs (specify):
Problems with someone else's use of drugs/alcohol	Difficulty concentrating	Starving yourself to control weight
Feeling unappreciated at work or school	Difficulty communicating in close relationships	Being unable to relax, always having to work
Difficulties making friends	Difficulties keeping friends	Feeling pressured by other people's expectations
Feeling controlled, manipulated by others	Thoughts of taking your own life	Wondering "who am I?"
Disliking the shape or size of your own body	Feeling confused about right and wrong	Afraid that you are not competent to handle your problems
Not knowing what is normal	Difficulty with religious issues	Difficulty making up mind
Difficulty accepting getting older	Confused about sexual issues	Guilty about sexual behaviors or thoughts
Confused about sexual feelings	Sexual difficulties in intimate relationships	Feeling sexually attracted to members of your own sex
Feelings related to being sexually abused	Feelings related to being emotionally abused	Feelings related to being physically abused
Feelings related to being verbally abused	Feeling bad about your childhood	Others:

Please elaborate on the areas that you have circled above:

THE BURNS DEPRESSION CHECKLIST*: by David D. Burns, M.D.(Revised, 1996)

Name: _____ Date: _____

Instructions: Please put a check in the box to the right of each category to indicate how much you have experienced each symptom during the past week, including today.

Thoughts and Feelings	Not at All	Some what	Mode rarely	A Lot	Extre mely
1. Feeling sad or down in the dumps	0	1	2	3	4
2. Feeling unhappy or blue	0	1	2	3	4
3. Crying spells or tearfulness	0	1	2	3	4
4. Feeling discouraged	0	1	2	3	4
5. Feeling hopeless	0	1	2	3	4
6. Low self esteem	0	1	2	3	4
7. Feeling worthless or inadequate	0	1	2	3	4
8. Guilt or shame	0	1	2	3	4
9. Criticizing yourself or blaming yourself	0	1	2	3	4
10. Difficulty making decisions	0	1	2	3	4
Activities and Personal Relationships	Not at All	Some what	Mode rarely	A Lot	Extre mely
11. Loss of interest in family, friends, colleagues	0	1	2	3	4
12. Loneliness	0	1	2	3	4
13. Spending less time with family or friends	0	1	2	3	4
14. Loss of motivation	0	1	2	3	4
15. Loss of interest in work or other activities	0	1	2	3	4
16. Avoiding work or other activities	0	1	2	3	4
17. Loss of pleasure or satisfaction in life	0	1	2	3	4
Physical Symptoms	Not at All	Some what	Mode rarely	A Lot	Extre mely
18. Feeling tired	0	1	2	3	4
19. Difficulty sleeping or sleeping too much	0	1	2	3	4
20. Decreased or increased appetite	0	1	2	3	4
21. Loss of interest in sex	0	1	2	3	4
22. Worrying about your health	0	1	2	3	4
Suicidal Urges**	Not at All	Somew hat	Mode rarely	A Lot	Extre mely
23. Do you have any suicidal thoughts?	0	1	2	3	4
24. Would you like to end your life?	0	1	2	3	4
25. Do you have a plan for harming yourself?	0	1	2	3	4

Please Total Your Score on items 1 to 25 here: _____

**Anyone with suicidal urges should seek help from a mental health professional immediately

THE BURNS ANXIETY INVENTORY:(from: David D. Burns, 1993)

Category I: Anxious Feelings	Not at All	Some what	Mode rarely	A Lot
1. Anxiety, nervousness, worry, or fear	0	1	2	3
2. Feeling that things around you are strange or unreal	0	1	2	3
3. Feeling detached from all or part of your body	0	1	2	3
4. Sudden unexpected panic spells	0	1	2	3
5. Apprehension or a sense of impending doom	0	1	2	3
6. Feeling tense, stressed, "uptight", or on edge	0	1	2	3
Category II: Anxious Thoughts	Not at All	Some what	Mode rarely	A Lot
7. Difficulty concentrating	0	1	2	3
8. Racing thoughts	0	1	2	3
9. Frightening fantasies or daydreams	0	1	2	3
10. Feeling that you're on the verge of losing control	0	1	2	3
11. Fears of cracking up or going crazy	0	1	2	3
12. Fears of fainting or passing out	0	1	2	3
13. Fears of physical illnesses or heart attacks or dying	0	1	2	3
14. Concerns about looking foolish or inadequate	0	1	2	3
15. Fears of being alone, isolated, or abandoned	0	1	2	3
16. Fears of criticism or disapproval	0	1	2	3
17. Fears that something terrible is about to happen	0	1	2	3
Category III: Physical Symptoms	Not at All	Some what	Mode rarely	A Lot
18. Skipping, racing or pounding of the heart (palpitations)	0	1	2	3
19. Pain, pressure, or tightness in the chest	0	1	2	3
20. Tingling or numbness in the toes or fingers	0	1	2	3
21. Butterflies or discomfort in the stomach	0	1	2	3
22. Constipation or diarrhea	0	1	2	3
23. Restlessness or jumpiness	0	1	2	3
24. Tight, tense muscles	0	1	2	3
25. Sweating not brought on by heat	0	1	2	3
26. A lump in the throat	0	1	2	3
27. Trembling or shaking	0	1	2	3
28. Rubbery or "jelly" legs	0	1	2	3
29. Feeling dizzy, lightheaded, or off balance	0	1	2	3
30. Choking, smothering sensations or difficulty breathing	0	1	2	3
31. Headaches or pains in the neck or back	0	1	2	3
32. Hot flashes or cold chills	0	1	2	3
33. Feeling tired, weak, or easily exhausted	0	1	2	3

Please Total Your Score on items 1 to 33 here: _____

RELATIONSHIP SATISFACTION SCALE: Name: _____ Date: _____
 (from: David D. Burns, *Ten Days to Self-Esteem*, New York: William Morrow, 1993)

Place a check in the box to the right each category that best describes the amount of satisfaction you feel in your closest relationship.

Area of the relationship:	Very Dis-satisfied	Moderately Dissatisfied	Slightly Dissatisfied	Neutral	Slightly Satisfied	Moderately Satisfied	Very Satisfied	Comments, examples, explanations
1. Communication and openness	0	1	2	3	4	5	6	
2. Resolving conflicts and arguments	0	1	2	3	4	5	6	
3. Degree of affection and caring	0	1	2	3	4	5	6	
4. Intimacy and closeness	0	1	2	3	4	5	6	
5. Satisfaction with your role in the relationship	0	1	2	3	4	5	6	
6. Satisfaction with the other person's role	0	1	2	3	4	5	6	
7. Overall satisfaction with your relationship	0	1	2	3	4	5	6	

Total Score: _____

Note: Although this test assesses your marriage or most intimate relationship, you can also use it to evaluate your relationship with a friend, family member, or colleague. If you do not have any intimate relationships at this time, you can simply think of people in general when you take the test.

INDEX OF SELF-ESTEEM: Name: _____ Date: _____
 (from: Index of Self Esteem, The Dorsey Press, 1982)

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a check in the box to the right that describes the extent of these feelings.	Rarely or none of the time	A little of the time	Some of the time	A good part of the time	Most or all of the time	Comments, examples, explanations
1. I feel that people would not like me if they really knew me well.	1	2	3	4	5	
2. I feel that others get along much better than I do.	1	2	3	4	5	
3. I feel that I am a beautiful person.	1	2	3	4	5	
4. When I am with other people I feel they are glad I am with them.	1	2	3	4	5	
5. I feel that people really like to talk with me.	1	2	3	4	5	
6. I feel that I am a very competent person.	1	2	3	4	5	
7. I think I make a good impression on others.	1	2	3	4	5	
8. I feel that I need more self-confidence.	1	2	3	4	5	
9. When I am with strangers I am very nervous.	1	2	3	4	5	
10. I think that I am a dull person.	1	2	3	4	5	
11. I feel ugly.	1	2	3	4	5	
12. I feel that others have more fun than I do.	1	2	3	4	5	
13. I feel that I bore people.	1	2	3	4	5	
14. I think my friends find me interesting.	1	2	3	4	5	
15. I think I have a good sense of humor.	1	2	3	4	5	
16. I feel very self-conscious when I am with strangers.	1	2	3	4	5	
17. I feel that if I could be more like other people I would have it made.	1	2	3	4	5	
18. I feel that people have a good time when they are with me.	1	2	3	4	5	
19. I feel like a wallflower when I go out.	1	2	3	4	5	
20. I feel I get pushed around more than others.	1	2	3	4	5	
21. I think I am a rather nice person.	1	2	3	4	5	
22. I feel that people really like me very much.	1	2	3	4	5	
23. I feel that I am a likeable person.	1	2	3	4	5	
24. I am afraid I will appear foolish to others.	1	2	3	4	5	
25. My friends think very highly of me.	1	2	3	4	5	

3, 4, 5, 6, 7, 14, 15, 18, 21, 22, 23, 25

Total of corrected items 1-25: _____ - 25 = Final Score: _____

ECR-S Experiences in Close Relationships (Short form)

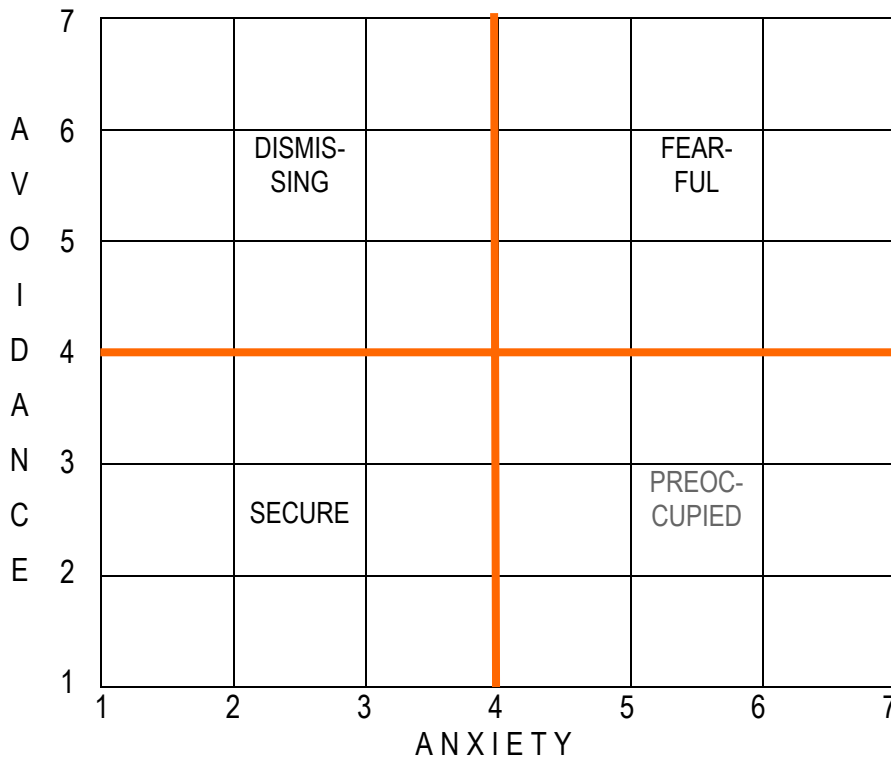
Name: _____ Attachment Figure's Name: _____ Date: ____/____/____

Instructions: The statements below concern how you feel in emotionally intimate relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by circling a number to indicate how much you agree or disagree with the statement.

	Strongly Disagree	Dis-agree	Slightly Dis-agree	Neutral	Slightly Agree	Agree	Strongly Agree
1. It helps to turn to _____ in times of need.	1	2	3	4	5	6	7
2. I need a lot of reassurance that I am loved by _____.	1	2	3	4	5	6	7
3. I want to get close to _____, but I keep pulling back.	1	2	3	4	5	6	7
4. I find that _____ doesn't want to get as close as I would like.	1	2	3	4	5	6	7
5. I turn to _____ for many things, including comfort and reassurance.	1	2	3	4	5	6	7
6. My desire to be very close sometimes scares _____ away.	1	2	3	4	5	6	7
7. I try to avoid getting too close to _____.	1	2	3	4	5	6	7
8. I do not often worry about being abandoned by _____.	1	2	3	4	5	6	7
9. I usually discuss my problems and concerns with _____.	1	2	3	4	5	6	7
10. I get frustrated if _____ is not available when I need him/her.	1	2	3	4	5	6	7
11. I am nervous when _____ gets too close to me.	1	2	3	4	5	6	7
12. I worry that _____ won't care about me as much as I care about him/her.	1	2	3	4	5	6	7

Avoidance: $(24 - \#1_ + \#3_ - \#5_ + \#7_ - \#9_ + \#11_)/6 = _____ (1 \text{ to } 7)$

Anxiety: $(8 + \#2_ + \#4_ + \#6_ - \#8_ + \#10_ + \#12_)/6 = _____ (1 \text{ to } 7)$



THE DYADIC ADJUSTMENT SCALE

Your Name: _____ Your Partner's Name: _____ Date: ____/____/____

NOTE: SCORING for Items 1-15 is the same

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.	Always Agree	Almost Always Agree	Occasion-ally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Handling family finances	5	4	3	2	1	0
2. Matters of recreation	5	4	3	2	1	0
3. Religious matters	5	4	3	2	1	0
4. Demonstrations of affection	5	4	3	2	1	0
5. Friends	5	4	3	2	1	0
6. Sex relations	5	4	3	2	1	0
7. Conventionality (correct or proper behavior)	5	4	3	2	1	0
8. Philosophy of life	5	4	3	2	1	0
9. Ways of dealing with parents or in-laws	5	4	3	2	1	0
10. Aims, goals, and things believed important	5	4	3	2	1	0
11. Amount of time spent together	5	4	3	2	1	0
12. Making major decisions	5	4	3	2	1	0
13. Household tasks	5	4	3	2	1	0
14. Leisure time interests and activities	5	4	3	2	1	0
15. Career decisions	5	4	3	2	1	0

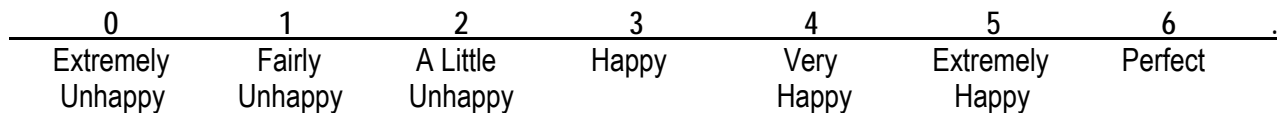
How often would you say the following events occur between you and your mate?	All the time	Most of the time	More often than not	Occa- sionally	Rarely	Never
16. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	0	1	2	3	4	5
17. How often do you or your mate leave the house after a fight?	0	1	2	3	4	5
18. In general, how often do you think that things between you and your partner are going well?	5	4	3	2	1	0
19. Do you confide in your mate?	5	4	3	2	1	0
20. Do you ever regret that you married? (<i>or lived together</i>)	0	1	2	3	4	5
21. How often do you and your partner quarrel?	0	1	2	3	4	5
22. How often do you and your mate "get on each other's nerves?"	0	1	2	3	4	5

How often would you say the following events occur between you and your mate?	Every Day	Almost Every Day	Occa- sionally	Rarely	Never
23. Do you kiss your mate?	4	3	2	1	0
How often would you say the following events occur between you and your mate?	All of them	Most of them	Some of them	Very few of them	None of them
24. Do you and your mate engage in outside interests together?	4	3	2	1	0

How often would you say the following events occur between you and your mate?	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
25. Have a stimulating exchange of ideas	0	1	2	3	4	5
26. Laugh together	0	1	2	3	4	5
27. Calmly discuss something	0	1	2	3	4	5
28. Work together on a project	0	1	2	3	4	5

These are some things about which couples sometimes agree and sometime disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no)	Yes	No
29. Being too tired for sex.	0	1
30. Not showing love.	0	1

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



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.

*The Dyadic Adjustment Scale (Spanier, 1976) is in the public domain. However, the presentation of the instrument (Caldwell, 2007) is subject to current copyright law.

Total of items 1 to 32 (0 to 151): _____ (distressed <70 70-100 >100 well adjusted)

家庭評估量表 Family Assessment Instrument: Chinese (C-FAI; created and validated by Andrew Siu and Daniel Shek)

姓名 Name: _____ 家人姓名 Name of family member: _____ 日期 Date: _____

在以下的題目中,請按著你對你現時家庭的看法,圈出一個你認為最能夠代表你的感覺的答案. 請回答每一條題目. For each of the items describing your view of your current family, please circle the response that best represents how you feel. Please answer every question.

例子: 我的家人是自私自利的. Example: My family members are selfish.

如果你覺得這句子是與你的家庭情況 十分相似, 請圈 1 If this is very similar to your family situation, please circle 1.

如果你覺得這句子是與你的家庭情況 有點相似, 請圈 2 If this is somewhat similar to your family situation, please circle 2.

如果你覺得這句子是與你的家庭情況 介乎有點相似與有點不相似之間, 請圈 3 If this is similar and dissimilar to your family situation, please circle 3.

如果你覺得這句子是與你的家庭情況 有點不相似, 請圈 4 If this is somewhat dissimilar to your family situation, please circle 4.

如果你覺得這句子是與你的家庭情況 十分不相似, 請圈 5 If this is very dissimilar to your family situation, please circle 5.

問題	是:十分相似	是:有點相似	介乎有點相似與有點不相似之間	否:有點不相似	否:十分不相似
1. 家庭成員互相支持. Family members support each other.	1	2	3	4	5
2. 家庭成員相親相愛. Family members love each other.	1	2	3	4	5
3. 家人互不關心. Family members lack mutual concern.	1	2	3	4	5
4. 家庭成員彼此照顧. Family members take care of each other.	1	2	3	4	5
5. 家庭成員互相體諒. Family members have mutual consideration.	1	2	3	4	5
6. 家人懂得體諒其他家庭成員的處境. Family members understand each other.	1	2	3	4	5
7. 家人經常交談. Family members talk to each other often.	1	2	3	4	5
8. 家人經常安排一些家庭活動. Family members plan family activities often.	1	2	3	4	5
9. 家人是團結一致的. Family members are united.	1	2	3	4	5
10. 家庭成員喜歡聚在一起(喺埋一齊). Family members enjoy getting together.	1	2	3	4	5
11. 家庭成員之間沒有很大隔膜. There are not many barriers among family members.	1	2	3	4	5
12. 我們有很多磨擦. There is much friction among family members.	1	2	3	4	5
13. 家庭成員在家中經常打架. Family members fight frequently.	1	2	3	4	5
14. 我們很少吵架(鬧交). Family members quarrel infrequently.	1	2	3	4	5
15. 我的家人和洽相處. Family members get along well.	1	2	3	4	5
16. 家人的相處並不融洽. Family members lack harmony.	1	2	3	4	5
17. 我的家人相處得很好. Family relationships are good.	1	2	3	4	5
18. 家庭成員互相忍讓. Family members tolerate each other.	1	2	3	4	5
19. 家庭成員互相容忍. Family members are patient with each other.	1	2	3	4	5

問題	是:十分相似	是:有點相似	介乎有點相似與有點不相似之間	否:有點不相似	否:十分不相似
20. 家庭成員彼此遷就. Family members accommodate each other.	1	2	3	4	5
21. 家庭成員互相信任. Family members trust each other.	1	2	3	4	5
22. 總的來說,父母愛護子女. Parents love their children.	1	2	3	4	5
23. 總的來說,父母不關心子女. Parents do not care about their children	1	2	3	4	5
24. 總的來說,父母盡心照顧子女. Parents take care of their children.	1	2	3	4	5
25. 總的來說,父母知道子女的需要. Parents know their children's needs.	1	2	3	4	5
26. 總的來說,父母明白子女的想法. Parents understand their children's mind.	1	2	3	4	5
27. 總的來說,父母和子女經常交談. Parents often talk to their children.	1	2	3	4	5
28. 總的來說,父母分擔子女的心事. Parents share their children's concerns.	1	2	3	4	5
29. 總的來說,父母常打罵子女. Parents often scold and beat their children.	1	2	3	4	5
30. 總的來說,父母經常強迫子女做一些子女不願意做的事情. Parents often force children to do things that they don't want to do.	1	2	3	4	5
31. 總的來說,父母對子女的管教過分嚴厲. Parental control is too harsh.	1	2	3	4	5
32. 總的來說,子女懂得孝順父母. The children honor their parents.	1	2	3	4	5
33. 父母的婚姻關係欠佳. The parent's marital relationship is poor.	1	2	3	4	5

題目 Item	評估範圍 Area assessed
7, 8, 9, 10, 11, 25, 26, 27, 28	溝通 Communication
1, 2, 4, 5, 6, 15, 17, 18, 19, 20, 21, 32	相互 Mutuality
3, 12, 13, 14, 16, 33	衝突及和洽 Conflict & Harmony
22, 23, 24	家長的關心 Parental Concern
29, 30, 31	家長的控制 Parental Control