

**Consent to be a Research Subject – Clients**

**Sponsor / Study Title:**      **BYU / “Spiritually integrative couple counseling”**

**Principal Investigator:**    **Jennifer Ripley, Ph.D.**

**Telephone:**                    **757-352-4296 (24 Hours)**

**Address:**                        **Lifecare Counseling and Coaching  
1601 Jones Franklin Road, Suite 104  
Raleigh, NC 27606**

Please read this form carefully. Take time to ask the investigator or study staff as many questions about the study as you would like. The investigator or study staff can explain words or information that you do not understand. Reading this form and talking to the investigator or study staff may help you decide whether to take part or not.

**Introduction:** This research study is being conducted by Jennifer Ripley for Lifecare Counseling and Coaching to determine the nature and outcome of spiritually integrated couple therapy. You were invited to participate because you have asked to begin couple therapy in a clinic that provides spiritually integrated couple therapy.

**Procedures:** If you agree to participate in this research study, the following will occur:

- Each week when you come for couple counseling, you will complete online questionnaires on your smartphone, tablet, or a computer about how you are doing personally and in your relationship (5 minutes).
- Your clinician will be able to see how you are doing, and you can talk about it with him or her at any time
- The first session and after 6 sessions, you will be asked a few more questions about yourself and how things are going in counseling (about 8 minutes total).
- From session 7 or more, you are welcome to continue the weekly questions if it is helpful to you and your clinician, but the research study only requests for the first 6 sessions.
- Total time commitment will be 5 minutes per week, except the 1st and 6<sup>th</sup> session, which is about 8 minutes.

**Risks/Discomforts:** While not expected, it is possible that questions will remind of you of stress in your life. Your counselor can help you if you feel distress, and we encourage you to talk with your counselor about the questionnaire.

**Benefits:** Many clients and their clinicians find it helpful to track how they are doing each week through the time they are in counseling. You might find this helpful for you.

Your participation in this research may help researchers better understand the process of therapy, and how spirituality affects couple counseling.

This study is for research purposes only. The only alternative is to not participate in this study.

**Confidentiality:** You will use a pseudonym (fake name) so researchers won’t know who you are. There will be no identifying information from you, or your internet device, collected in the research. Your clinician will know who you are, but the researchers will not know who you are. All published data will be in aggregate (group) form, not individual information.

*Clients, please return forms to your therapist.*

*Therapists, please fax forms to 757-352-4304, or email to [bridgecouplesresearch@gmail.com](mailto:bridgecouplesresearch@gmail.com).*

The data will be stored in a secure password protected online system that is maintained by research staff. That data will not be shared outside of the necessary researchers. There may be a “back up” paper copy of the questionnaire in case of technology problems any given week. If you end up using the paper questionnaire, it will only have your pseudonym on it and will be confidentially faxed, scanned or mailed to the researchers.

Your partner will not have access to your information unless you choose to discuss it or give your username/password to your partner.

The sponsor, the sponsor’s representatives, the Department of Health and Human Services, and Chesapeake IRB may have access to the study data.

**Compensation:** There is no compensation or cost to you for your involvement in the study.

**Participation:** Participation in this research study is voluntary. You have the right to withdraw at any time or refuse to participate entirely without jeopardy to your standing with your clinician. There is no penalty or loss of benefits to you. **You will receive the same treatment from your clinician whether or not you decide to participate in this study.**

You may be asked to leave the study without your consent for administrative reasons. If you want to stop taking part in the study, contact the investigator or the study staff at the telephone number listed on the first page of this form.

You will be told about any new information found during the study that may affect whether you want to continue to take part.

**Questions about the Research:** If you have questions regarding this study, you may contact Dr. Ripley at 757-352-4296 or [jennrip@regent.edu](mailto:jennrip@regent.edu) for further information.

This form has been reviewed by an Institutional Review Board (IRB). Chesapeake IRB reviewed this study to help ensure that your rights and welfare are protected and that this screening is carried out in an ethical manner. If you would like to contact them about your rights as a research subject, their email address is [adviser@chesapeakeirb.com](mailto:adviser@chesapeakeirb.com) and the toll free number is 877-992-4724. The study number is Pro00024233.

**Statement of Consent:** I have read, understood, and received a signed and dated copy of the above consent and desire of my own free will to participate in this study.

Participant Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Study Staff Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

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

**Couple Questionnaire (INTAKE)** - Female

Client Pseudonym: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Last Name: \_\_\_\_\_

Your age: \_\_\_\_\_

Do you wish to discuss religious or spiritual issues in counseling when it is relevant?

When is this survey being taken?

- Before session  
 After session

- Yes  
 No

Are you a

- New patient to this therapist  
 Current patient of this therapist  
 Returning patient

Do you believe that religion has hurt you or contributed to some of your challenges?

- Yes  
 No

My gender is

- Male  
 Female

Are you willing to consider trying religious or spiritual suggestions from your counselor if it appears this could be helpful?

- Yes  
 No

Ethnicity:

- Alaskan Native  
 American Indian  
 African American/Black Asian  
 Asian American  
 Latino/a  
 White/Caucasian  
 Polynesian  
 Multiracial  
 Other (please specify)  
 \_\_\_\_\_

Relationship Status

- Not with just one partner  
 One partner  
 Engaged  
 Married

What is your current religious affiliation (if any)?

Cohabitation Status

- We have never lived together  
 We used to live together but not now  
 Living together

Job: Are you currently employed?

- Yes  
 No

Partner's Gender:

- Female  
 Male  
 Other

Is religion or spirituality important in your life?

- Yes  
 No

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**The following are required to match up partner pairs:**

What is your birthday (Date)? \_\_\_\_\_



What is your partner's birthday (Date)? \_\_\_\_\_

What is the name of the street you and your partner live on? *(For matching up participants securely, no other address information please):* \_\_\_\_\_

If married, what is your anniversary? (Date) \_\_\_\_\_

If cohabiting, when did you move in together? (Date) \_\_\_\_\_

**Select one answer**

							
Extremely dissatisfied	Very dissatisfied	Somewhat dissatisfied	Mixed	Somewhat satisfied	Very satisfied	Extremely satisfied	

1. How satisfied are you with your relationship/ marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How satisfied are you with your partner/ husband/wife as a partner/ spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How satisfied are you with your relationship with your partner/ husband/wife?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all Important (1)	(2)	(3)	(4)	(5)	(6)	Extremely Important (7)
<b>How important is your spirituality in your couple counseling?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree (1)	(2)	(3)	(4)	(5)	(6)	Strongly Agree (7)
<b>How do you feel about your ability to handle problems in your relationship? Please answer each.</b>							
1. I have little control over the conflicts that occur between my partner and I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There is no way I can solve some of the problems in my relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I put my mind to it I can resolve just about any disagreement that comes up between my partner and I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I often feel helpless in dealing with the problems that come up in my relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How do you feel about your ability to handle problems in your relationship? Please answer each.**

	Strongly Disagree (1)	(2)	(3)	(4)	(5)	(6)	Strongly Agree (7)
5. Sometimes I feel that I have no say over issues that cause conflict between us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am able to do the things needed to settle our conflicts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. There is little I can do to resolve many of the important conflicts between my partner and I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Think of a hurt, offense or painful event in your relationship. Typically this is something you will be working on in couple therapy to address. Briefly describe here:**

**Think of your current emotions toward your partner regarding that hurt. Indicate the degree to which you agree or disagree with the following statements.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I care about him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I no longer feel upset when I think of him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I'm bitter about what he or she did to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel sympathy toward him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I'm mad about what happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I like him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I resent what he or she did to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel love toward him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**During this past week...**

	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt irritated and angry towards others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hurt or disappointed by how my loved ones or friends behaved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt misunderstood by my loved ones and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt concerned about my relationships (with family, partner/spouse, and/or friends).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt accepted by my friends and loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt sad about how I acted toward my loved ones or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>During this past week...</b>	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt sad or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt worried, agitated, fearful, or tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt worthless or "not good enough."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt powerless or stuck in my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought about past personal failures/mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had difficulty concentrating or remaining focused on a task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had thoughts or images that I couldn't get out of my head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>During this past week...</b>	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt concerned about my religious or spiritual life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt a loss of inspiration or spiritual direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt distant in my relationship with God or my Higher Power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt guilt and regrets over mistakes that were inconsistent with my religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Over the last week...</b>	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1. I have felt tense, anxious or nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have felt I have someone to turn to for support when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have felt able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Talking to people has felt too much for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have felt panic or terror.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have had difficulty getting to sleep or staying asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have felt despairing or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have felt unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Unwanted images or memories have been distressing me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any spirituality practices that you are using as part of your couples counseling/ relationship improvement?

**Couple Questionnaire (INTAKE) - Male**

Client Pseudonym: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Last Name: \_\_\_\_\_

Your age: \_\_\_\_\_

Do you wish to discuss religious or spiritual issues in counseling when it is relevant?

When is this survey being taken?

- Before session  
 After session

- Yes  
 No

Are you a

- New patient to this therapist  
 Current patient of this therapist  
 Returning patient

Do you believe that religion has hurt you or contributed to some of your challenges?

- Yes  
 No

My gender is

- Male  
 Female

Are you willing to consider trying religious or spiritual suggestions from your counselor if it appears this could be helpful?

- Yes  
 No

Ethnicity:

- Alaskan Native  
 American Indian  
 African American/Black Asian  
 Asian American  
 Latino/a  
 White/Caucasian  
 Polynesian  
 Multiracial  
 Other (please specify)  
 \_\_\_\_\_

Relationship Status

- Not with just one partner  
 One partner  
 Engaged  
 Married

What is your current religious affiliation (if any)?

Cohabitation Status

- We have never lived together  
 We used to live together but not now  
 Living together

Job: Are you currently employed?

- Yes  
 No

Partner's Gender:

- Female  
 Male  
 Other

Is religion or spirituality important in your life?

- Yes  
 No

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What is your partner’s birthday (Date)? \_\_\_\_\_

What is the name of the street you and your partner live on? *(For matching up participants securely, no other address information please):* \_\_\_\_\_

If married, what is your anniversary? (Date) \_\_\_\_\_

If cohabiting, when did you move in together? (Date) \_\_\_\_\_

**Select one answer**

							
	Extremely dissatisfied	Very dissatisfied	Somewhat dissatisfied	Mixed	Somewhat satisfied	Very satisfied	Extremely satisfied
1. How satisfied are you with your relationship/ marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How satisfied are you with your partner/ husband/wife as a partner/ spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How satisfied are you with your relationship you’re your partner/ husband/wife?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all Important (1)	(2)	(3)	(4)	(5)	(6)	Extremely Important (7)
<b>How important is your spirituality in your couple counseling?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How do you feel about your ability to handle problems in your relationship? Please answer each.**

	Strongly Disagree (1)	(2)	(3)	(4)	(5)	(6)	Strongly Agree (7)
1. I have little control over the conflicts that occur between my partner and I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There is no way I can solve some of the problems in my relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I put my mind to it I can resolve just about any disagreement that comes up between my partner and I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I often feel helpless in dealing with the problems that come up in my relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**How do you feel about your ability to handle problems in your relationship? Please answer each.**

	Strongly Disagree (1)	(2)	(3)	(4)	(5)	(6)	Strongly Agree (7)
5. Sometimes I feel that I have no say over issues that cause conflict between us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am able to do the things needed to settle our conflicts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. There is little I can do to resolve many of the important conflicts between my partner and I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Think of a hurt, offense or painful event in your relationship. Typically this is something you will be working on in couple therapy to address. Briefly describe here:**

**Think of your current emotions toward your partner regarding that hurt. Indicate the degree to which you agree or disagree with the following statements.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I care about him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I no longer feel upset when I think of him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I'm bitter about what he or she did to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel sympathy toward him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I'm mad about what happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I like him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I resent what he or she did to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel love toward him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**During this past week...**

	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt irritated and angry towards others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hurt or disappointed by how my loved ones or friends behaved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt misunderstood by my loved ones and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt concerned about my relationships (with family, partner/spouse, and/or friends).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt accepted by my friends and loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt sad about how I acted toward my loved ones or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>During this past week...</b>	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt sad or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt worried, agitated, fearful, or tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt worthless or "not good enough."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt powerless or stuck in my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought about past personal failures/mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had difficulty concentrating or remaining focused on a task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had thoughts or images that I couldn't get out of my head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>During this past week...</b>	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt concerned about my religious or spiritual life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt a loss of inspiration or spiritual direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt distant in my relationship with God or my Higher Power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt guilt and regrets over mistakes that were inconsistent with my religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Over the last week...</b>	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1. I have felt tense, anxious or nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have felt I have someone to turn to for support when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have felt able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Talking to people has felt too much for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have felt panic or terror.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have had difficulty getting to sleep or staying asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have felt despairing or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have felt unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Unwanted images or memories have been distressing me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any spirituality practices that you are using as part of your couples counseling/ relationship improvement?

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**Therapist Session Checklist (TSC 2.0)**

Therapist Name: \_\_\_\_\_ Session Date: \_\_\_\_\_

Couple's Pseudonyms: \_\_\_\_\_ &amp; \_\_\_\_\_

When is your next appointment with this couple? \_\_\_\_\_ Date \_\_\_\_\_

**What therapeutic approach(es) did you use in today's session? Please check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Acceptance and Commitment Therapy   | <input type="checkbox"/> Narrative Therapy             |
| <input type="checkbox"/> Adlerian                            | <input type="checkbox"/> Psychoanalysis                |
| <input type="checkbox"/> Behavior Therapy                    | <input type="checkbox"/> REBT                          |
| <input type="checkbox"/> Client-Centered                     | <input type="checkbox"/> Reality Therapy               |
| <input type="checkbox"/> Cognitive-Behavioral                | <input type="checkbox"/> Solution-Focused              |
| <input type="checkbox"/> Couples Therapy                     | <input type="checkbox"/> Spiritual-Theistic            |
| <input type="checkbox"/> Diagnostic Interview and Assessment | <input type="checkbox"/> Strategic/Structural/Systemic |
| <input type="checkbox"/> Existential Therapy                 | <input type="checkbox"/> Relational/Psychodynamic      |
| <input type="checkbox"/> Gestalt                             | <input type="checkbox"/> Emotion-Focused               |
| <input type="checkbox"/> Family Therapy                      | <input type="checkbox"/> Christian Counseling          |
| <input type="checkbox"/> Group Therapy                       | <input type="checkbox"/> Spiritual-Integrated          |
| <input type="checkbox"/> Interpersonal                       | <input type="checkbox"/> Transpersonal                 |
| <input type="checkbox"/> Multicultural                       | <input type="checkbox"/> Other _____                   |

**What spiritual interventions did you use or encourage today? Please check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Affirmed client's divine worth             | <input type="checkbox"/> Discussed gratitude   |
| <input type="checkbox"/> Encouraged acceptance of God's love        | <input type="checkbox"/> Discussed compassion  |
| <input type="checkbox"/> Encouraged listening to the heart          | <input type="checkbox"/> Discussed hope  |
| <input type="checkbox"/> Affirmed client confession/repentance      | <input type="checkbox"/> Discussed self-control  |
| <input type="checkbox"/> Encouraged personal prayer                 | <input type="checkbox"/> Discussed humility  |
| <input type="checkbox"/> Discussed forgiveness                      | <input type="checkbox"/> Listened to spiritual issues                                  |
| <input type="checkbox"/> Used religious bibliotherapy               | <input type="checkbox"/> Discussed the spiritual dimensions of problems and solutions  |
| <input type="checkbox"/> Used spiritual assessment                  | <input type="checkbox"/> Explored religious questions and doubts                       |
| <input type="checkbox"/> Used spiritual confrontation               | <input type="checkbox"/> Explored questions about ultimate meaning                     |
| <input type="checkbox"/> Encouraged spiritual journal writing       | <input type="checkbox"/> Helped in discerning God's will                               |
| <input type="checkbox"/> Encouraged spiritual meditation            | <input type="checkbox"/> Clarified thoughts about evil                                 |
| <input type="checkbox"/> Engaged in spiritual relaxation or imagery | <input type="checkbox"/> Encouraged reconciling beliefs in God with pain and suffering |
| <input type="checkbox"/> Encouraged spiritual self-disclosure       | <input type="checkbox"/> Identified pathways to God or the sacred                      |
| <input type="checkbox"/> As therapist, engaged in silent prayer     | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Affirmed trusting God                      |  |
| <input type="checkbox"/> Referred to religious community            |  |
| <input type="checkbox"/> Encouraged charitable service              |  |

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**What counseling topics or issues did you and your client work on today? Check all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Abuse: emotional                                | <input type="checkbox"/> Employment                             |
| <input type="checkbox"/> Abuse: physical                                 | <input type="checkbox"/> Legal concerns                         |
| <input type="checkbox"/> Abuse: sexual                                   | <input type="checkbox"/> Living conditions/housing              |
| <input type="checkbox"/> Academics                                       | <input type="checkbox"/> Moral/ethical concerns                 |
| <input type="checkbox"/> Addictions                                      | <input type="checkbox"/> Perfectionism                          |
| <input type="checkbox"/> Alcohol/drug use                                | <input type="checkbox"/> Physical health                        |
| <input type="checkbox"/> Career/life planning                            | <input type="checkbox"/> Political issues                       |
| <input type="checkbox"/> Child rearing/parenting                         | <input type="checkbox"/> Problem management/coping              |
| <input type="checkbox"/> Cultural diversity                              | <input type="checkbox"/> Relationships: co-workers/supervisor   |
| <input type="checkbox"/> Discrimination                                  | <input type="checkbox"/> Relationships: family of origin        |
| <input type="checkbox"/> Eating/body image                               | <input type="checkbox"/> Relationships: friends/acquaintances   |
| <input type="checkbox"/> Emotions: affiliation (love, liking)            | <input type="checkbox"/> Relationships: marriage/partner/dating |
| <input type="checkbox"/> Emotions: destruction (rage, anger)             | <input type="checkbox"/> Relationships: other                   |
| <input type="checkbox"/> Emotions: exploration (anticipation, curiosity) | <input type="checkbox"/> Religion/spirituality                  |
| <input type="checkbox"/> Emotions: orientation (surprise, confusion)     | <input type="checkbox"/> Self-esteem/identity                   |
| <input type="checkbox"/> Emotions: protection (panic, anxiety)           | <input type="checkbox"/> Self-injury                            |
| <input type="checkbox"/> Emotions: reintegration (grief, depression)     | <input type="checkbox"/> Sexuality                              |
| <input type="checkbox"/> Emotions: rejection (disgust, dislike)          | <input type="checkbox"/> Sleep disturbance                      |
| <input type="checkbox"/> Emotions: self-affirmation (joy, serenity)      | <input type="checkbox"/> Suicide                                |
|  | <input type="checkbox"/> Therapeutic relationship               |
|  | <input type="checkbox"/> Therapy progress                       |
|  | <input type="checkbox"/> Violence                               |

**Please check what your *three or four* most important therapeutic intentions were for the therapy session you just completed.**

- |  |  |
|--|--|
| <input type="checkbox"/> Identify and/or provide feedback about client behaviors | <input type="checkbox"/> Give information/ psychoeducation                     |
| <input type="checkbox"/> Challenge thoughts, emotions, or behaviors              | <input type="checkbox"/> Facilitate insight                                    |
| <input type="checkbox"/> Explore ways to change                                  | <input type="checkbox"/> Instill hope  |
| <input type="checkbox"/> Elaborate on vague/contradictory content                | <input type="checkbox"/> Recognize and/or reinforce positive change            |
| <input type="checkbox"/> Identify problematic thought patterns                   | <input type="checkbox"/> Work through resistance                               |
| <input type="checkbox"/> Facilitate catharsis                                    | <input type="checkbox"/> Increase self-control                                 |
| <input type="checkbox"/> Explore/deepen emotions                                 | <input type="checkbox"/> Set expectations for treatment                        |
| <input type="checkbox"/> Focus the session                                       | <input type="checkbox"/> Create a supportive environment                       |
| <input type="checkbox"/> Gather information                                      | <input type="checkbox"/> Work through ruptures in the therapeutic relationship |

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**Couple Questionnaire (Paper Back-Up Version for WEEKLY) - Female**

**Client Pseudonym:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist Name:** \_\_\_\_\_



When is this survey being taken?

- Before session
- After session

Did you attempt to complete this form at [www.camsoutcomes.com](http://www.camsoutcomes.com) Yes    No

If you had trouble with the website please let us know what happened here:

**Select one answer**

								
	Extremely dissatisfied	Very dissatisfied	Somewhat dissatisfied	Mixed	Somewhat satisfied	Very satisfied	Extremely satisfied	
1. How satisfied are you with your relationship/ marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. How satisfied are you with your partner/ husband/wife as a partner/ spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. How satisfied are you with your relationship with your husband/wife/ partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**During this past week...**

	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt irritated and angry towards others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hurt or disappointed by how my loved ones or friends behaved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt misunderstood by my loved ones and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt concerned about my relationships (with family, partner/spouse, and/or friends).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt accepted by my friends and loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt sad about how I acted toward my loved ones or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>During this past week...</b>	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt sad or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt worried, agitated, fearful, or tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt worthless or "not good enough."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt powerless or stuck in my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought about past personal failures/mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had difficulty concentrating or remaining focused on a task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had thoughts or images that I couldn't get out of my head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>During this past week...</b>	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt concerned about my religious or spiritual life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt a loss of inspiration or spiritual direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt distant in my relationship with God or my Higher Power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt guilt and regrets over mistakes that were inconsistent with my religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Couple Questionnaire (Paper Back-Up Version for WEEKLY) - Male**

**Client Pseudonym:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Therapist Name:** \_\_\_\_\_

When is this survey being taken?

- Before session
- After session

Did you attempt to complete this form at [www.camოსoutcomes.com](http://www.camოსoutcomes.com) Yes No  
 If you had trouble with the website please let us know what happened here:

**Select one answer**

	 Extremely dissatisfied	Very dissatisfied	Somewhat dissatisfied	Mixed	Somewhat satisfied	Very satisfied	 Extremely satisfied
1. How satisfied are you with your relationship/ marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How satisfied are you with your partner/ husband/wife as a partner/ spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How satisfied are you with your relationship with your husband/wife/ partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**During this past week...**

	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt irritated and angry towards others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hurt or disappointed by how my loved ones or friends behaved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt misunderstood by my loved ones and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt concerned about my relationships (with family, partner/spouse, and/or friends).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt accepted by my friends and loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt sad about how I acted toward my loved ones or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>During this past week...</b>	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt sad or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt worried, agitated, fearful, or tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt worthless or "not good enough."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt powerless or stuck in my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought about past personal failures/mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had difficulty concentrating or remaining focused on a task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had thoughts or images that I couldn't get out of my head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>During this past week...</b>	Never	Rarely	Sometimes	Frequently	Almost always	Always
I felt concerned about my religious or spiritual life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt a loss of inspiration or spiritual direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt distant in my relationship with God or my Higher Power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt guilt and regrets over mistakes that were inconsistent with my religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**TRACKING FORM**

Therapist name: \_\_\_\_\_

Your practice (circle):      Lifecare      CPS      Genesis      PSC/Regent

Couples will select a pseudonym to use in the online CAMOS system.

**Female partner pseudonym:**

\_\_\_\_\_

**They should have the same pseudonym typically their street name, with the word Male or Female after it. Ex. Main-Female & Main-Male.**

**Male partner pseudonym:**

\_\_\_\_\_

It is essential that your pseudonym on this form and the one they use are identical. This is our “check” that the couple participated and releases your funds for the case. This form is also your way of reminding the couple what pseudonym they selected for the study if they forget.

Do not put their names on this, but you might write down something on the back of this page that is memorable about them to help you match up the couple correctly if needed.

Date of meeting	Did you complete the CAMOS for this meeting? Y/N	Did the couple complete the CAMOS at the end of the meeting? Y/N	Honorarium for clinicians work	What to do	For Bridges office only. Check of CAMOS online data
			\$5	FAX/Email this form with Consents	
			\$5	Just track, unless drop out	
			\$5	Just track, unless drop out	
			\$5	Just track, unless drop out	
			\$5	Just track, unless drop out	
			\$5	FAX/ Email, & store this for your records	

If they cancel, do not track that here. Only record actual meetings. While missing a CAMOS questionnaire on rare occasion is understood, the couple isn’t actually participating in the study if they aren’t regularly completing the CAMOS online. While we try to be timely with payments, it can take a few weeks to process and send out batches of payments to clinicians. Thank you for your patience. For any questions/comments just email us.

**Send this form after the LAST SESSION (6<sup>th</sup> session or drop out last session).**

*Clients, please return forms to your therapist.  
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**END OF TREATMENT therapist questions**

**Complete these questions at session 6, or when they stop treatment, whichever comes first.**

**What was the presenting problem for this couple? Circle all that apply.**

Spiritual problem	Pre-marital counseling	Parenting issues	Broad and general relationship dissatisfaction	Relationship enrichment
Poor intimacy/ emotional distance	Infidelity recovery	Reconciliation after separation	Aggression/ violence	Sexual problem

Other: please describe

**Did you address any of these spiritual issues or interventions with this case? Circle all**

spiritual intimacy with partners	forgiveness of partner	humility	grace	couple prayer and spiritual practices	Use of Scripture
judgment or criticism of partner's spirituality	collaboration with spiritual communities	spiritual frameworks for conceptualization of problems and solutions	confronting and attempting to change spiritual beliefs that are harming the relationship such as spiritual one-upmanship	Addressing pride or self-righteousness	Addressing beliefs that the sacred relationship has been permanently violated

Is there a couple therapy approach or theory that informed your treatment with this couple? If so, which one?

Is there a book or training on couple therapy that informed your approach with this couple? If so, please give name/author or name of training.

Did you assign the couple to read any books in treatment? If so please give the name/author

Did you assign the couple to a religious or church-based relationship class/ group/ program? Name of program?

Do you use your own approach to spiritual integration with couples therapy that you have created? Please describe below.

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