

FAMILY AND COUPLE THERAPY SERVICES, INC.

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Please Circle All That Apply

<i>CURRENT LEVEL OF STRESS</i>	Most to Least				
MARRIAGE – SPOUSE	5	4	3	2	1
EMPLOYMENT – WORK	5	4	3	2	1
DOMESTIC WORK – HOME	5	4	3	2	1
FINANCIAL SITUATION	5	4	3	2	1
SEX – AFFECTION	5	4	3	2	1
SOCIAL LIFE – LEISURE	5	4	3	2	1
COUPLE TIME	5	4	3	2	1
INDIVIDUAL TIME	5	4	3	2	1
RELIGION – FAITH	5	4	3	2	1
ALCOHOL – DRUGS -- ADDICTIONS	5	4	3	2	1
PHYSICAL HEALTH – ILLNESS	5	4	3	2	1
CHILDREN – DISCIPLINE	5	4	3	2	1
FAMILY OF ORIGIN – RELATIVES	5	4	3	2	1
(Write In Anything Else)	5	4	3	2	1