

Supporting Healthy Marriage – Self Administered Questionnaire

1. Have you and your current spouse ever attended a marriage education class, workshop, or counseling?
Please check all that apply.

₁ Yes, before we got married
 ₂ Yes, since we got married
 ₃ No

2. Of the following, who could you turn to if you had an emergency and needed help? *Please check all that apply.*

₁ My spouse
 ₂ Someone else
 ₃ No one

3. Of the following, who could you turn to if you had a problem and needed advice or emotional support?
Please check all that apply.

₁ My spouse
 ₂ Someone else
 ₃ No one

4. The following statements describe the way some people feel about families and marriage. Please indicate whether you *strongly agree, agree, disagree, or strongly disagree* with the following opinions. Check one answer for EACH statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. These days, it is hard for people who are married to trust one another.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b. Women are more trustworthy than men.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c. My friends place value and respect on marriage.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d. It is better for children if their parents are married.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e. It is much better for everyone if the man earns the main living and the woman takes care of the home and family.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
f. Religion is a very important part of my life.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
g. The personal happiness of an individual is more important than putting up with a bad marriage.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
h. If a husband and wife both work full-time, they should share household tasks equally.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

5. In the past 12 months, about how often have you attended a religious service? Was it....

- ₁ Never,
- ₂ A few times a year,
- ₃ A few times a month, or
- ₄ Once a week or more?

6. In the past 12 months, about how often have you attended a religious service with your spouse? Was it....

- ₁ Never,
- ₂ A few times a year,
- ₃ A few times a month, or
- ₄ Once a week or more?

7. All things considered, on a scale from 1 to 7, where 1 is "completely unhappy" and 7 is "completely happy", how happy are you with your marriage? *Please circle one.*

1	2	3	4	5	6	7
Completely Unhappy	Moderately Unhappy	Slightly Happy	Not Happy or Unhappy	Slightly Happy	Moderately Happy	Completely Happy

8. *The following statements describe the way some people feel about their spouse and their relationship in general. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statements. Check one answer for EACH statement.*

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I can count on my spouse to be there for me.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b. I think that marriage education can help my marriage.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c. I view our relationship as lifelong.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d. My spouse is the type of parent I want for my child(ren).	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e. I worry about my spouse cheating on me.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
f. I believe this relationship can stay strong even through hard times.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
g. My spouse is completely committed to being there for our child(ren).	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
h. My family respects and values my marriage.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
i. It is hard for me to talk with my spouse about the important things in our life.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

9. Please indicate whether each of the following happens *all of the time, most of the time, some of the time, or none of the time*. Check one answer for EACH statement.

	All of the time	Most of the time	Some of the time	None of the time
a. My spouse and I get along well together.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
b. Our arguments get very heated.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
c. My spouse and I have similar views about what is important in life.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
d. I am satisfied with the way we handle our problems and disagreements.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
e. We enjoy doing even ordinary, day-to-day things together.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
f. My spouse expresses love and affection toward me.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
g. My spouse listens to me when I need someone to talk to.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

10. The following statements describe the way some people feel about their spouse and the way they handle problems or disagreements. Please indicate whether each of the following happens *never, hardly ever, sometimes, or often*. Check one answer for EACH statement.

In the past year, how often has your spouse...	Never	Hardly ever	Sometimes	Often
a. Yelled or screamed at you?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
b. Blamed you for his/her problems?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

11. *The following statements describe common problems that some couples argue about. Please indicate whether each of the following happens never, hardly ever, sometimes, or often. Check one answer for EACH statement.*

How often do you and your spouse have arguments about...	Never	Hardly ever	Sometimes	Often
a. Household chores?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
b. Sex?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
c. Spending time together?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
d. Managing money, bills and debt?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
e. In-laws, other relatives, and friends?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
f. Drinking or drugs?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
g. Other women or men?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
h. Religion?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
i. Raising children?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

12. In the past year, how often have your arguments become physical?

- ₁ Never
- ₂ Hardly ever
- ₃ Sometimes
- ₄ Often

13. In the past year, have you ever thought your marriage was in trouble?

- ₁ Yes
- ₂ No

14. Do you have any biological children who do **NOT** usually live in your household?

- ₁ Yes, → What are their ages? _____
- ₂ No Child 1 Child 2 Child 3 Child 4

The next questions will ask about your childhood.

15. While you were growing up- that is, before you turned 18- did you live **MOSTLY** with:

- ₁ Both parents (biological or adopted)
- ₂ A biological parent and a stepparent
- ₃ One biological parent only → SKIP TO QUESTION 17
- ₄ Other, please specify: _____

16. On a scale from 1 to 7, where 1 is “completely unhappy” and 7 is “completely happy, while you were growing up, how happy was the relationship between the parents or parent figures you reported in Question 15? *Please circle one.*

1 Completely Unhappy	2 Moderately Unhappy	3 Slightly Happy	4 Not Happy or Unhappy	5 Slightly Happy	6 Moderately Happy	7 Completely Happy
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17. While you were growing up, how often did a parent, stepparent, or parent figure...

	Never	Hardly ever	Sometimes	Often
a. Swear at you, insult you, or put you down?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b. Hit, slap, or hurt you so badly you were bruised or cut?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c. Neglect you so that you did not get the attention and care you needed?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

The next questions are about your health and health-related behaviors.

18. Would you say your health in general is...

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair, or
- 5 Poor

19. Do you have a physical or mental health problem now that limits the amount or kind of work or activities that you can do in or outside the household?

- 1 Yes
- 2 No

20. These questions are about feelings you may have experienced over the past 30 days. During the **past 30 days**, how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...so sad that nothing could cheer you up?	<input type="radio"/> <u>1</u>	<input type="radio"/> <u>2</u>	<input type="radio"/> <u>3</u>	<input type="radio"/> <u>4</u>	<input type="radio"/> <u>5</u>
b. ...nervous?	<input type="radio"/> <u>1</u>	<input type="radio"/> <u>2</u>	<input type="radio"/> <u>3</u>	<input type="radio"/> <u>4</u>	<input type="radio"/> <u>5</u>
c. ...restless or fidgety?	<input type="radio"/> <u>1</u>	<input type="radio"/> <u>2</u>	<input type="radio"/> <u>3</u>	<input type="radio"/> <u>4</u>	<input type="radio"/> <u>5</u>
d. ...hopeless?	<input type="radio"/> <u>1</u>	<input type="radio"/> <u>2</u>	<input type="radio"/> <u>3</u>	<input type="radio"/> <u>4</u>	<input type="radio"/> <u>5</u>
e.that everything was an effort?	<input type="radio"/> <u>1</u>	<input type="radio"/> <u>2</u>	<input type="radio"/> <u>3</u>	<input type="radio"/> <u>4</u>	<input type="radio"/> <u>5</u>
f. ...worthless?	<input type="radio"/> <u>1</u>	<input type="radio"/> <u>2</u>	<input type="radio"/> <u>3</u>	<input type="radio"/> <u>4</u>	<input type="radio"/> <u>5</u>

21. In the **past 30 days**, how often have you felt that you were unable to control the important things in your life?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Never

22. In the **past 30 days**, how often have you felt difficulties were piling up so high that you could not overcome them?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Never

23. In the **past 12 months**...

	Yes	No	I don't drink
a. Have you felt you should cut down on your drinking?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
b. Have people annoyed you by complaining about your drinking?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
c. Have you ever felt bad or guilty about your drinking?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
d. Have you felt you should cut down on your drug use?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
e. Have people annoyed you by complaining about your drug use?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
f. Have you ever felt bad or guilty about your drug use?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Next are some questions about unexpected experiences in your life.

24. In the past 12 months, have you...

	Yes	No
a. Not been able to pay your rent, mortgage or utility bills?	<input type="radio"/> 1	<input type="radio"/> 2
b. Felt threatened by someone or something in your neighborhood?	<input type="radio"/> 1	<input type="radio"/> 2
c. Gotten a pay raise or promotion?	<input type="radio"/> 1	<input type="radio"/> 2
d. Experienced an unplanned pregnancy?	<input type="radio"/> 1	<input type="radio"/> 2
e. Had any parenting or child-support problems with a former spouse or partner?	<input type="radio"/> 1	<input type="radio"/> 2
f. Been arrested, convicted of a crime or put in jail?	<input type="radio"/> 1	<input type="radio"/> 2
g. Moved into a better home or neighborhood?	<input type="radio"/> 1	<input type="radio"/> 2
h. Been fired or laid off from work?	<input type="radio"/> 1	<input type="radio"/> 2

25. There are good sides and bad sides to most marriages.

a. First, thinking only about the good side of your marriage, on a scale from 1 to 5, where 1 is “not at all good” and 5 is “completely good”, how would you rate the good side of your marriage?

1 2 3 4 5
Not at all Slightly Moderately Very Completely
Good Good Good Good Good

b. Now, thinking only about the bad side of your marriage, on a scale from 1 to 5, where 1 is "completely bad" and 5 is "not at all bad", how would you rate the bad side of your marriage?

1 2 3 4 5
Completely Very Moderately Slightly Not at all
Bad Bad Bad Bad Bad

26. Thinking about being a parent, please tell us about some of the things you have most enjoyed.

Thank You For Completing The Survey! ☺

**Supporting Healthy Marriage
Eligibility Check List**

Date Collected: ____/____/_____
MM / DD / YYYY

<p>Eligibility Criteria (Please complete questions in order.)</p> <p>1. Is R. 18 years of age or older? <input type="radio"/> ₁ Yes <input type="radio"/> ₂ No (INELIGIBLE)</p> <p>2. Does R. or R.'s spouse live with at least one biologically related or adopted child? <input type="radio"/> ₁ Yes <input type="radio"/> ₂ No (INELIGIBLE)</p> <p>3. Is R. currently married? <input type="radio"/> ₁ Yes <input type="radio"/> ₂ No (INELIGIBLE)</p>	<p>4. Is SHM offered in a language that R. can speak and understand? <input type="radio"/> ₁ Yes <input type="radio"/> ₂ No (INELIGIBLE)</p> <p>5. Is there any indication of intimate partner violence in this couple's relationship? <input type="radio"/> ₁ Yes (INELIGIBLE) – Further follow-up needed <input type="radio"/> ₂ No <input type="radio"/> ₃ Not sure - Further follow-up needed</p>
<p>SUPERVISOR ONLY: AFTER FURTHER FOLLOW-UP, ARE THERE ANY INDICATIONS OF INTIMATE PARTNER VIOLENCE IN THIS COUPLE'S RELATIONSHIP:</p> <p><input type="radio"/> ₁ Yes (INELIGIBLE) <input type="radio"/> ₂ No (ELIGIBLE)</p>	

Name:

First _____ Last _____

SSN: |_____|-|____|-|____|

Date of Birth: ____/____/_____
MM / DD / YYYY

Spouse's Name:

First _____ Last _____

Spouse's Gender: ₁ Male ₂ Female

Spouse's Date of Birth: ____/____/_____
MM / DD / YYYY