

# Gottman Abuse Questionnaire

Name

Date

Read each statement and check the appropriate TRUE or FALSE box.

	TRUE	FALSE
1. I have to do things to avoid my partner's jealousy.		
2. My partner tries to control who I spend my time with.		
3. My partner repeatedly accuses me of flirting with other people.		
4. My partner is overly suspicious that I am unfaithful.		
5. My partner acts like a detective, looking for clues that I've done something wrong.		
6. My partner keeps me from going places I want to go.		
7. My partner threatens to take the money if I don't do as I am told.		
8. My partner forcibly tries to restrict my movements.		
9. My partner tries to control all my money.		
10. My partner tries to control all my freedom.		
11. My partner tries to convince other people that I'm crazy.		
12. My partner has told me that I am sexually unattractive.		
13. My partner insults my family.		
14. My partner humiliates me in front of others.		
15. My partner makes me do degrading things.		
16. My partner intentionally does things to scare me.		
17. My partner threatens me physically during arguments.		
18. My partner warns me that if I keep doing something, violence will follow.		
19. My partner makes me engage in sexual practices I consider perverse.		
20. In bed, my partner makes me do things I find repulsive.		
21. I feel pressured to have sex when I don't want to.		
22. My partner threatens to hurt someone I care about.		
23. My partner intentionally damages things I care about.		

	TRUE	FALSE
24. My partner does cruel things to pets or other animals.		
25. My partner threatens to hurt my children.		

## Control & Fear Questionnaires

### Control

In the past 6 months did your partner:

	YES	NO
1. Try to control you every move?		
2. Withhold money, make you ask for money, or take your money?		
3. Threaten to kill you?		
4. Threaten to hurt your family, friends or pets?		
5. Refuse to take responsibility for violent behavior, putting the blame on you?		
6. Try to isolate you by keeping you away from your family or friends?		
7. Stalk or harass you or someone else at work or elsewhere?		

### Fear

People who fear their partner as a potential result of therapy

	YES	NO
1. Are you afraid of your partner?		
2. Are you uncomfortable talking in front of your partner?		
3. Do you worry that therapy might lead to violence?		

# Acts of Physical Aggression Questionnaire

In the past 6 months has your partner:

	Yes without injury	Yes, with injury	NO
1. Slapped you?			
2. Hit you?			
3. Kicked you?			
4. Bit you?			
5. Scratched you?			
6. Shoved you?			
7. Tripped you?			
8. Whacked you?			
9. Knocked you down?			
10. Twisted your arm?			
11. Pushed you?			
12. Pulled you hair?			
13. Poked you?			
14. Pinched you?			
15. Strangled you?			
16. Smothered you?			
17. Karate chapped you?			
18. Kneed you?			
19. Stomped you?			
20. Slammed you?			
21. Spit on you?			
22. Threw an object at you?			
23. Hit you with an object?			
24. Threatened you with a weapon?			
25. Used a weapon (gun, knife, etc.) against you?			

**Acts of Physical Aggression Questionnaire Continued**

	<b>Yes, without injury</b>	<b>Yes, with injury</b>	<b>NO</b>
28. Forced you to have sex?			
27. Raped you?			

Add any additional comments you have about the above by putting first the number of the item followed by the comment (e.g., #5. Yes, but it was an accident).

***Please return this form to the office one day prior to your appointment or email it to [hwanderson@q.com](mailto:hwanderson@q.com). Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at [www.sendinc.com](http://www.sendinc.com) and mail it securely. You will need to set up an account, which is free. Thank you.***