

Conflict Tactics Scale (CTS) Questionnaire

Client Information:

Name:

Date of Birth:

Gender:

Address:

Phone Number:

Email Address:

Date of Consultation:

Instructions: Please read each statement carefully and select the response that best reflects your experiences within your intimate relationship. Choose one option per statement.

	Never	Rarely	Some-times	Often	Always
During disagreements, how often do you engage in open communication and express your feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you compromise or seek a mutually agreeable solution during conflicts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you use insults, sarcasm, or verbal threats during arguments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you engage in physical violence (e.g., pushing, slapping, hitting) during conflicts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you pressure or force your partner into sexual activities against their will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you apologize and take responsibility for your actions after conflicts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you engage in behaviors that make your partner feel scared or unsafe during conflicts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you seek professional help or counseling to address conflicts within your relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you use nonviolent strategies such as active listening and problem-solving during conflicts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you engage in behaviors that make your partner feel emotionally manipulated or controlled during conflicts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>