

# Relationship Psychology Test

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

*This Relationship Psychology Test is designed to help mental health professionals assess the dynamics, strengths, and areas of improvement in a patient's intimate and familial relationships.*

**Please answer the following questions based on your current feelings and experiences in your relationship(s). Use the scale provided for each question, where 1 = Strongly Disagree, and 5 = Strongly Agree.**

Question	1	2	3	4	5
I feel emotionally connected to my partner/family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel heard and understood in my relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to share my true feelings with my partner/family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict is resolved in a healthy and productive manner in our relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the level of intimacy in our relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner/family member and I share common goals and values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel supported in pursuing my personal goals and interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust my partner/family member completely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our relationship positively contributes to my mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my needs are being met in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Score:</b>					

## Reflection

Reflect on your responses and describe any thoughts or feelings that arose during this test. Consider areas of strength and aspects that might require attention or improvement.

## Notes from Your Mental Health Professional