**Couples Study**: Working file for follow-up interview for patient prior to follow-up assessment

Instructions: Administer to patient and partner participant, separately.

**Note that we will use patient report to define break-up**. If patient reports break-up, partner will be asked to complete the self-report questionnaires and SNA for that follow-up period. We will assess the relationship status of every couple at each time point with the understanding that couples may get back together after a break-up. If couples get back together, the partner will be invited to participate in all aspects of the study protocol.

Relationship status:

* Are you currently in a romantic relationship with [insert partner’s name], the partner you participated with in the couples study? Yes No
* If yes, skip “relationship end questions” …confirm mailing address/e-mail for follow-up correspondence
* If “no,” When did you break up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If no longer in a romantic relationship with study partner:**

Break-up Status:

* Who initiated the break-up?

I did

Partner did

We both did

* Was there a precipitating event or something that happened that caused the break-up? Yes No
* What? (Check what applies)

violation of trust (cheating, lying, and infidelity)

excessive jealousy

 abuse/intimate partner violence

falling out of love

excessive arguments or fighting

imbalance of power

financial problem

 job problem

 physical health issue

 mental health

substance use issue

other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Since the break-up, has [participant partner’s name] tried to contact you? Yes No
	+ Method: phone face-2-face e-mail text
* Since the break-up, have you tried to contact [participant partner’s name]? Yes No
	+ Method: phone face-2-face e-mail text
* Since the break-up, in general how many times per week do you and [participant partner’s name] have face-to-face contact? \_\_\_\_\_\_\_\_\_\_\_ per week
* Since the break-up, in general how many times per week do you and [participant partner’s name] have contact by phone, e-mail, or text? \_\_\_\_\_\_\_\_\_\_\_ per week
* Since the break-up, how many times have you visited [participant partner’s name] *Facebook* or other social network page? \_\_\_\_\_\_\_\_\_\_\_\_
* Have you had sexual relations with [participant partner’s name] since the break-up? Yes No
* Have you told family and/or friends about your split? Yes No
* Have you changed your relationship status online, e.g., *Facebook* or other social networking application?

Yes No N/A (i.e. does not have Facebook)

* Have you and [participant partner’s name]ever split up and then reconciled in the past? Yes No
* Any possibility of reconciliation with this split?

Not at all likely

somewhat likely

 very likely

**If no longer in a romantic relationship with study partner:**

*Criticism:* Did your partner attack your personality or character, usually with the intent of making themselves right and you wrong?

*All of the time*

 *Sometimes*

*Seldom*

*Never*

*Contempt:* Did your partner attack your sense of self with the intention to insult or psychologically abuse you?

Yes No

*Defensiveness:* Did your partner see themselves as a victim?Yes No

*Stonewalling:* Did your partner withdraw from the relationship, that is, did he/she become distant, discuss important issues less frequently, or change subject if difficult topic arises? Yes No

Current Relationship Status:

* What is your current relationship status:

Single

Married and living together but not as a couple

 Separated or married living separately

 Divorced

 Widowed

* Are you dating? Yes No
* What stage is the new relationship?

Casual dating (non-exclusive)

Dating exclusively (expectation of monogamy)

Living together

Engaged

Married/lifetime commitment

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you had sexual relations since the break-up?

Yes No If yes, how many different partners? \_\_\_\_\_