

Your Name: _____ ID _____ Date: _____

Gottman Emotional Abuse Questionnaire (EAQ)

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