

# Relationship Questionnaire (RQ)

Instructions: Please rate the applicability of each item on a scale of 1 to 7.

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

Date: \_\_\_\_\_ dd / mm / yyyy

Legend: 1 - Not at all applicable, 2 - Slightly applicable, 3 - Somewhat applicable, 4 - Moderately applicable, 5 - Fairly applicable, 6 - Very applicable, 7 - Extremely applicable

**I feel comfortable sharing my thoughts and emotions with my partner.**

1 2 3 4 5 6 7

**My partner and I trust each other completely.**

1 2 3 4 5 6 7

**I worry that my partner might leave me.**

1 2 3 4 5 6 7

**I often seek reassurance from my partner about their feelings for me.**

1 2 3 4 5 6 7

**I find it easy to depend on my partner.**

1 2 3 4 5 6 7

**I feel uneasy when my partner gets too close to me.**

1 2 3 4 5 6 7

**I often doubt if my partner truly cares about me.**

1 2 3 4 5 6 7

**I prefer to rely on myself rather than depend on my partner.**

1 2 3 4 5 6 7

**My partner and I communicate openly and effectively.**

1 2 3 4 5 6 7

**I often fear rejection from my partner.**

1 2 3 4 5 6 7

**I have a strong need for closeness and intimacy in my relationship.**

1 2 3 4 5 6 7

**My partner understands and meets my emotional needs.**

1 2 3 4 5 6 7

**I tend to avoid getting too attached to my partner.**

1 2 3 4 5 6 7

**I feel anxious when my partner is not available.**

1 2 3 4 5 6 7

**I am confident in my partner's commitment to our relationship.**

1 2 3 4 5 6 7

**I sometimes feel overwhelmed by my partner's emotional demands.**

1 2 3 4 5 6 7

**I value my independence and personal space in the relationship.**

1 2 3 4 5 6 7

**My partner supports and encourages my personal growth and goals.**

1 2 3 4 5 6 7