

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

## PROS-HR SCALE

Circle the number and word or words that best describe your experience during the last six months.

### Part A

1.	<b>Say "I love you" and "Have a good Day" every morning</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	
2.	<b>Hug each other daily</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	
3.	<b>Say goodnight every night regardless of how you feel</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	
4.	<b>Proud to be seen with my partner</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	
5.	<b>Have common interests</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	
6.	<b>Be physically loving at least once a week</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	
7.	<b>Laugh and joke with each other daily</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	
8.	<b>Express regret when my partner is hurt by my actions and ask forgiveness</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	
9.	<b>Touch base with my partner while at work</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	
10.	<b>Focus more on what my partner does right rather than wrong</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	
11.	<b>Go to bed at the same time as my partner</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	
12.	<b>Walk hand in hand and side by side</b>			
Never	Rarely	Usually	Always	
0 _____	1 _____	2 _____	3 _____	

**Total PART A:** \_\_\_\_\_

# PROS-HR SCALE

## Part B Life Situations And Behaviors

1.) Are you or your partner grieving over the lose of a loved one?

NO  
-( 0 )

YES  
- ( 5 )

2.) Are you and your partner the primary care givers for more then one child under 5 years of age?

NO  
-( 0 )

YES  
- ( 5 )

3.) Are you and your partner the primary care giver for a parent of any age?

NO  
-( 0 )

YES  
- ( 5 )

4.) Do you or your partner work more then 50 hours a week out side the home?

NO  
-( 0 )

YES  
- ( 5 )

5.) Do your or your partner have a problem with drugs or alcohol?

NO  
-( 0 )

YES  
- (10)

**Total PART B** ( \_\_\_\_\_ )

**Totals :** Part A + Part B = \_\_\_\_\_

**Scoring:** 24-36.....Good job -- keep it up.  
12-23.....On the right path but help is needed.  
1-11.....Time to change unhealthy patterns and  
get help in dealing with stressful situations.

Louis E. Kopolow, M.D., 2001  
8915 Shady Grove Court  
Gaithersburg, Maryland 20877