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Patient ID _____ - _____ - _____ ID

VISIT Visit: _____

For office use only.

**Psychosocial Factors Associated with Weight Loss: An Ancillary Study to LABS-2
Dyadic Adjustment Scale (DAS) – Version: 06/30/2006 FORMV**

Form Completion Date __/__/20__ **DASDATE**
mm dd yy

Instructions: Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list by placing a check in the box under the appropriate column.

	Always Agree (1)	Almost always Agree (2)	Occasion-ally disagree (3)	Frequently disagree (4)	Almost always disagree (5)	Always disagree (6)
1. Handling family finances DASFIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Matters of recreation DASREC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Religious matters DASREL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrations of affection DASAFFEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Friends DASFRIEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sex relations DASSEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Conventionality (correct or proper behavior) DASCON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Philosophy of life DASPHIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ways of dealing with parents or in-laws DASINLAW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Aims, goals, and things believed important DASAIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Amount of time spent together DASTIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Making major decisions DASMAJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Household tasks DASTASK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Leisure time, interests, and activities DASACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Career decisions DASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	All of the time (1)	Most of the time (2)	More often than not (3)	Occasion-ally (4)	Rarely (5)	Never (6)
16. How often do you discuss or have you considered divorce, separation, or terminating your relationship? DASDIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How often do you or your mate leave the house after a fight? DASFIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. In general, how often do you think that things between you and your partner are going well? DASWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you confide in your mate? DASCONF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you ever regret that you married? (or lived together?) DASMARR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. How often do you and your partner quarrel? DASQUARR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. How often do you and your mate "get on each other's nerves?" DASNERVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Every Day (1)	Almost Every Day (2)	Occasionally (3)	Rarely (4)	Never (5)
23. Do you kiss your mate? DASKISS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	All of them (1)	Most of them (2)	Some of them (3)	Very few of them (4)	None of them (5)
24. Do you and your mate engage in outside interests together? DASOUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often would you say the following events occur between you and your mate?

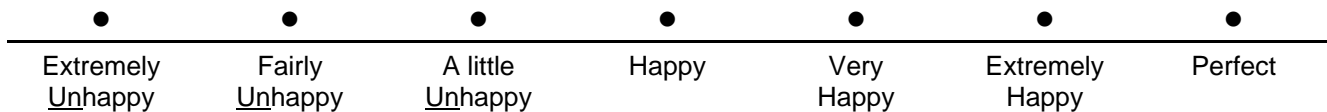
	Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	Once a day (5)	More often (6)
25. Have a stimulating exchange of ideas DASSTIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Laugh together DASLAUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Calmly discuss something DASCALM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Work on a project together DASWORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. Check No or Yes

29. Being too tired for sex 0. No 1. Yes **DASTIRED**
 30. Not showing love 0. No 1. Yes **DASLOVE**

31. The dots on the line below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the dot that best describes the degree of happiness, all things considered, of your relationship. **DASDEGRE**



32. Which of the following statements best describes how you feel about the future of your relationship?
 (check one) **FUTREL**

1. I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
2. I want very much for my relationship to succeed, and will do all I can to see that it does.
3. I want very much for my relationship to succeed, and will do my fair share to see that it does.
4. It would be nice if my relationship succeeded, but I can't do much more than I am doing now to keep the relationship going.
5. It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
6. My relationship can never succeed, and there is no more that I can do to keep the relationship going.