Path for Troubled Couples

Invite Christ to Repair Your Marriage — Truth + Love

CCross Holistic Deliverance Ministry · theccross.org · Truth + Love

Who this is for

For spouses in trouble who want Jesus Christ to help them repair their own marriage — with Truth + Love. This is not a DSM sheet and not a substitute for a priest, counselor, or clinician when needed.

1. Invite Christ first

- Pray together (even briefly): “Lord Jesus, come into our marriage. We need You.”
- Place a Crucifix or holy image where you both can see it.
- Refuse contempt. Speak Truth without weaponizing labels (Eph 4:15).

2. Sacraments — the foundation

- Confession: each of you examine conscience; confess mortal sin; return to State of Grace.
- Mass & Eucharist: attend Sunday Mass; receive worthily.
- Stay close to the Church — not DIY spirituality that replaces the Sacraments.

3. Pray together & stop weaponizing

- Pray a decade of the Rosary or Divine Mercy Chaplet together when possible.
- Use discussion checklists for honest SELF talk — never to crush your spouse.
- If danger, addiction, or mental-health crisis: Right Door 888-527-1790 · 988 · professional care.

4. Seek Catholic marriage help

- Talk to a priest; ask about marriage counseling faithful to Church teaching.
- Consider trusted Catholic marriage resources / Retrouvaille / counseling as appropriate.
- Humility: each works on SELF first.

5. Whole-life healing (CCross pillars & tools — high level)

- Five pillars of wellness: Spiritual, Mental, Physical, Emotional, Environmental.
- Core tools under Christ: Scripture; Prayer & Fasting; Church & Sacraments; Nature & Nutrition (and related whole-life practices). See theccross.org.
- Custom prescriptions from ministry (when applicable) still begin with basics: Confession, Mass, prayer.

6. What not to do

- Do not declare kitchen-table diagnoses as weapons.
- Do not attempt formal exorcism DIY; serious spiritual cases go to a priest / ministry under Church authority.
- Do not isolate — stay connected to parish and wise help.

Prayer for our marriage

Lord Jesus Christ, You blessed the wedding at Cana. Enter our home. Heal Person A and Person B. Root out pride, contempt, and fear. Teach us to forgive as You forgive. Restore tenderness, honesty, and faithfulness. Mary, Mother of the Church, pray for our marriage. Amen.

Next step

Visit theccross.org. Print a relevant couple checklist. Go to Confession. Pray together tonight. If in crisis: Right Door 888-527-1790 · 988.

Attention-Deficit/Hyperactivity Disorder (ADHD)

Couple Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest conversation between spouses. This is not a diagnosis.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose ADHD after a full evaluation.
- Each person fills the SELF column about themselves. Do not score your spouse's soul for them.
- Shared notes are for marriage patterns — not a label on the other person.
- Anxiety, depression, sleep deprivation, trauma, bipolar hypomania, and substance use can impair attention. Marriage friction alone is not ADHD.
- Speak truth without contempt (Eph 4:15). Do not weaponize this list.

How to use

Sit together calmly. Pray first if you can. Mark Yes / Sometimes / No about yourself across many situations and years (not one bad week). DSM-5-TR: persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning; several symptoms present before age 12; in ≥2 settings; clear interference; not better explained by another disorder. Adults: ≥5 symptoms in inattention and/or hyperactive-impulsive clusters. Crisis help: Right Door 888-527-1790.

Date: _____ Person A: _____ Person B: _____

Criterion (based on DSM-5-TR / inventory)	Person A (self)	Person B (self)	Shared notes
1. Careless mistakes Often fails to give close attention to details or makes careless mistakes in work / other activities.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Sustaining attention Often has difficulty sustaining attention in tasks or conversations / lengthy reading.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Does not seem to listen Often does not seem to listen when spoken to directly (mind elsewhere).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Follow-through Often does not follow through on instructions; fails to finish duties (not due to opposition or misunderstanding alone).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Organization Often has difficulty organizing tasks and activities (messy, poor time management, misses deadlines).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Avoids mental effort Often avoids / dislikes tasks requiring sustained mental effort.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Loses things Often loses things necessary for tasks (keys, phone, wallet, papers).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Easily distracted Often easily distracted by extraneous stimuli (or unrelated thoughts in adults).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Forgetful Often forgetful in daily activities (chores, errands, returning calls, paying bills).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
10. Fidgets / restless Often fidgets, taps, or squirms; leaves seat when expected to remain; feels restless (adult form).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

11. On the go / talks / blurts

Often “on the go”; talks excessively; blurts out answers; difficulty waiting turn; interrupts/intrudes.

A — SELF	B — SELF	Notes:
☐ Yes	☐ Yes	
☐ Sometimes	☐ Sometimes	
☐ No	☐ No	

12. Childhood onset / settings

Several symptoms were present before age 12; symptoms appear in two or more settings (home, work, social).

A — SELF	B — SELF	Notes:
☐ Yes	☐ Yes	
☐ Sometimes	☐ Sometimes	
☐ No	☐ No	

Tally (self only)

Person A — “Yes” (clear, enduring): ____ / 12 “Sometimes”: ____ / 12 Person B — “Yes”: ____ / 12 “Sometimes”: ____ / 12
Clinical note (clinician only): Adults typically ≥5 inattention and/or ≥5 hyperactive-impulsive; childhood onset; multi-setting; impairment.
☐ Longstanding attention and/or hyperactivity-impulsivity pattern since childhood, impairing life? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Scoring years of pattern, or a crisis / mood / trauma flare?
☐ Considered anxiety, depression, sleep, trauma, bipolar with a clinician?
☐ Each filled self first, honestly?
☐ Taking this to a professional rather than declaring a kitchen-table diagnosis?
☐ Spoke with respect — Truth + Love?

Prayer: Lord Jesus, bring order to our minds and home. Help Person A and Person B with patience, structure, and charity. Heal frustration into teamwork. Amen.

Alcohol Use Disorder (AUD)

Couple Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest conversation between spouses. This is not a diagnosis.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose AUD after a full evaluation.
- Each person fills the SELF column about themselves. Do not score your spouse's soul for them.
- Shared notes are for marriage patterns — not a label on the other person.
- Depression, anxiety, PTSD, and other substance use often co-occur. One spouse's drinking does not excuse contempt; both need Truth + Love and real help.
- Speak truth without contempt (Eph 4:15). Do not weaponize this list.

How to use

Sit together calmly. Pray first if you can. Mark Yes / Sometimes / No about yourself across many situations and years (not one bad week). DSM-5-TR: a problematic pattern of alcohol use leading to clinically significant impairment or distress, with ≥2 of 11 criteria within a 12-month period. Severity: mild 2–3, moderate 4–5, severe ≥6. Crisis help: Right Door 888-527-1790; 988 Suicide & Crisis Lifeline if in danger of harming yourself.

Date: _____ Person A: _____ Person B: _____

Criterion (based on DSM-5-TR / inventory)	Person A (self)	Person B (self)	Shared notes
1. Larger / longer Alcohol is often taken in larger amounts or over a longer period than was intended.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Cut down desire There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Time spent A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Craving Craving, or a strong desire or urge to use alcohol.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Role failure Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Social problems Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by effects of alcohol.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Give up activities Important social, occupational, or recreational activities are given up or reduced because of alcohol use.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Hazardous use Recurrent alcohol use in situations in which it is physically hazardous.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Use despite harm Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem likely caused or exacerbated by alcohol.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
10. Tolerance Tolerance — need for markedly increased amounts to achieve intoxication / desired effect, or diminished effect with same amount.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

11. Withdrawal

Withdrawal — characteristic alcohol withdrawal syndrome, or alcohol (or related substance) taken to relieve/avoid withdrawal.

A — SELF	B — SELF	Notes:
☐ Yes	☐ Yes	
☐ Sometimes	☐ Sometimes	
☐ No	☐ No	

Tally (self only)

Person A — “Yes” (clear, enduring): ____ / 11 “Sometimes”: ____ / 11 Person B — “Yes”: ____ / 11 “Sometimes”: ____ / 11

Clinical severity (clinician only): mild 2–3, moderate 4–5, severe ≥6 criteria in 12 months.

☐ Problematic alcohol pattern with ≥2 criteria in the past year? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Scoring years of pattern, or a crisis / mood / trauma flare?
☐ Considered depression, PTSD, other substances, medical issues with a clinician?
☐ Each filled self first, honestly?
☐ Taking this to a professional rather than declaring a kitchen-table diagnosis?
☐ Spoke with respect — Truth + Love?

Prayer: Lord Jesus, break chains of alcohol where they bind us. Give Person A and Person B courage for sobriety, honesty, and help. Restore trust in our marriage. Amen.

Bipolar Disorder (I / II — screening discussion)

Couple Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest conversation between spouses. This is not a diagnosis.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose Bipolar Disorder after a full evaluation.
- Each person fills the SELF column about themselves. Do not score your spouse's soul for them.
- Shared notes are for marriage patterns — not a label on the other person.
- ADHD, substance intoxication, borderline affective storms, PTSD hyperarousal, and medical causes can mimic mania/hypomania. Only a clinician distinguishes type and course.
- Speak truth without contempt (Eph 4:15). Do not weaponize this list.

How to use

Sit together calmly. Pray first if you can. Mark Yes / Sometimes / No about yourself across many situations and years (not one bad week). DSM-5-TR: Bipolar I requires at least one manic episode; Bipolar II requires hypomanic episode(s) plus major depressive episode(s), never a full manic episode. Mania: distinct period of abnormally elevated, expansive, or irritable mood AND increased activity/energy, lasting ≥1 week (or any duration if hospitalized), with ≥3 (or 4 if irritable only) of 7 symptoms, marked impairment. Crisis help: Right Door 888-527-1790; 988 Suicide & Crisis Lifeline if in danger of harming yourself.

Date: _____ Person A: _____ Person B: _____

Criterion (based on DSM-5-TR / inventory)	Person A (self)	Person B (self)	Shared notes
1. Elevated / irritable mood Distinct period of abnormally and persistently elevated, expansive, or irritable mood.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Increased energy / activity Abnormally and persistently increased activity or energy (same period as mood change).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Grandiosity Inflated self-esteem or grandiosity.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Decreased need for sleep Decreased need for sleep (e.g., feels rested after only a few hours) — not ordinary insomnia.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Talkativeness More talkative than usual or pressure to keep talking.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Flight of ideas Flight of ideas or subjective experience that thoughts are racing.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Distractibility Distractibility (attention too easily drawn to unimportant/irrelevant stimuli), reported or observed.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Goal-directed / agitation Increase in goal-directed activity (work, social, sexual) or psychomotor agitation.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Risky behavior Excessive involvement in activities with high potential for painful consequences (spending sprees, sexual indiscretions, foolish investments).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
10. Depression history History of major depressive episode(s) (see MDD sheet) — especially relevant for Bipolar II discussion.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally (self only)

Person A — “Yes” (clear, enduring): ____ / 10 “Sometimes”: ____ / 10 Person B — “Yes”: ____ / 10 “Sometimes”: ____ / 10
Clinical notes (clinician only): Mania usually ≥1 week + impairment/psychosis/hospitalization; hypomania ≥4 days, observable change, no marked impairment/psychosis. Do not self-diagnose type.
☐ Clear manic or hypomanic period(s) distinct from ordinary happiness or anger? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Scoring years of pattern, or a crisis / mood / trauma flare?
☐ Considered ADHD, substances, BPD, medical causes with a clinician?
☐ Each filled self first, honestly?
☐ Taking this to a professional rather than declaring a kitchen-table diagnosis?
☐ Spoke with respect — Truth + Love?

Prayer: Lord Jesus, steady our minds and moods. Protect Person A and Person B from extremes. Give wisdom to seek clinical care and peace in our marriage. Amen.

Borderline Personality Disorder (BPD)

Couple Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest conversation between spouses. This is not a diagnosis.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose BPD after a full evaluation.
- Each person fills the SELF column about themselves. Do not score your spouse's soul for them.
- Shared notes are for marriage patterns — not a label on the other person.
- Bipolar disorder, PTSD/complex trauma, ADHD, substance use, and major depression can overlap with mood swings, emptiness, or impulsivity. Do not assume BPD from conflict alone.
- Speak truth without contempt (Eph 4:15). Do not weaponize this list.

How to use

Sit together calmly. Pray first if you can. Mark Yes / Sometimes / No about yourself across many situations and years (not one bad week). DSM-5-TR: pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood, in various contexts, with ≥5 of 9 features. Crisis help: Right Door 888-527-1790; 988 Suicide & Crisis Lifeline if in danger of harming yourself.

Date: _____ Person A: _____ Person B: _____

Criterion (based on DSM-5-TR / inventory)	Person A (self)	Person B (self)	Shared notes
1. Abandonment fears Frantic efforts to avoid real or imagined abandonment (not including suicidal/self-harm behavior counted in #5).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Unstable relationships Pattern of unstable and intense interpersonal relationships alternating between extremes of idealization and devaluation.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Identity disturbance Markedly and persistently unstable self-image or sense of self.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Impulsivity Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance use, reckless driving, binge eating) — not including suicidal/self-harm in #5.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Self-harm / suicidality Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior. (If present: seek clinical help now — 988 / Right Door.)	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Affective instability Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Chronic emptiness Chronic feelings of emptiness.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Anger Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Paranoia / dissociation Transient, stress-related paranoid ideation or severe dissociative symptoms.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally (self only)

Person A — "Yes" (clear, enduring): ____ / 9 "Sometimes": ____ / 9 Person B — "Yes": ____ / 9 "Sometimes": ____ / 9

Clinical threshold note (clinician only): ≥5 of 9 features; pervasive and impairing.

☐ Long pattern of instability in relationships, self-image, and mood + impulsivity? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Scoring years of pattern, or a crisis / mood / trauma flare?

☐ Considered bipolar, PTSD/trauma, ADHD, substance use with a clinician?
☐ Each filled self first, honestly?
☐ Taking this to a professional rather than declaring a kitchen-table diagnosis?
☐ Spoke with respect — Truth + Love?

Prayer: Lord Jesus, calm our storms. Heal fear of abandonment and harsh words. Steady Person A and Person B. Teach us to stay, forgive, and love as You love the Church. Amen.

Generalized Anxiety Disorder (GAD)

Couple Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest conversation between spouses. This is not a diagnosis.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose GAD after a full evaluation.
- Each person fills the SELF column about themselves. Do not score your spouse's soul for them.
- Shared notes are for marriage patterns — not a label on the other person.
- OCD, panic disorder, PTSD, depression, ADHD, caffeine, thyroid issues, and realistic life stress can look like GAD. Worry alone after a crisis is not automatically GAD.
- Speak truth without contempt (Eph 4:15). Do not weaponize this list.

How to use

Sit together calmly. Pray first if you can. Mark Yes / Sometimes / No about yourself across many situations and years (not one bad week). DSM-5-TR: excessive anxiety and worry (apprehensive expectation), occurring more days than not for ≥6 months, about a number of events/activities; difficult to control the worry; ≥3 of 6 associated symptoms (one in children); distress/impairment; not better explained by another disorder/substance. Crisis help: Right Door 888-527-1790.

Date: _____ Person A: _____ Person B: _____

Criterion (based on DSM-5-TR / inventory)	Person A (self)	Person B (self)	Shared notes
1. Excessive worry Excessive anxiety and worry about a number of events or activities (e.g., work, finances, health, family), more days than not for ≥6 months.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Hard to control The individual finds it difficult to control the worry.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Restlessness Restlessness or feeling keyed up or on edge.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Fatigue Being easily fatigued.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Concentration Difficulty concentrating or mind going blank.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Irritability Irritability.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Muscle tension Muscle tension.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Sleep disturbance Sleep disturbance (difficulty falling/staying asleep, or restless unsatisfying sleep).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Distress / impairment Anxiety, worry, or physical symptoms cause clinically significant distress or impairment (including in marriage).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally (self only)

Person A — "Yes" (clear, enduring): ____ / 9 "Sometimes": ____ / 9 Person B — "Yes": ____ / 9 "Sometimes": ____ / 9

Clinical note (clinician only): excessive worry ≥6 months + difficulty controlling + ≥3 associated symptoms (adults) + impairment.

☐ Excessive, hard-to-control worry for 6+ months with body/mind symptoms? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Scoring years of pattern, or a crisis / mood / trauma flare?

☐ Considered OCD, panic, PTSD, medical/thyroid, depression with a clinician?
☐ Each filled self first, honestly?
☐ Taking this to a professional rather than declaring a kitchen-table diagnosis?
☐ Spoke with respect — Truth + Love?

Prayer: Lord Jesus, You said “Do not be afraid.” Quiet anxious hearts in Person A and Person B. Teach us to cast cares on You and to comfort one another. Amen.

Major Depressive Disorder (MDD)

Couple Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest conversation between spouses. This is not a diagnosis.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose MDD after a full evaluation.
- Each person fills the SELF column about themselves. Do not score your spouse's soul for them.
- Shared notes are for marriage patterns — not a label on the other person.
- Grief, bipolar depression, medical illness, hypothyroidism, medication effects, and PTSD can look like MDD. Suicidal thoughts require immediate help — not a checklist alone.
- Speak truth without contempt (Eph 4:15). Do not weaponize this list.

How to use

Sit together calmly. Pray first if you can. Mark Yes / Sometimes / No about yourself across many situations and years (not one bad week). DSM-5-TR major depressive episode: ≥5 of 9 symptoms during the same 2-week period, representing a change from previous functioning; at least one is (1) depressed mood or (2) loss of interest/pleasure. Symptoms cause distress/impairment; not due to substances/medical condition. Crisis help: Right Door 888-527-1790; 988 Suicide & Crisis Lifeline if in danger of harming yourself.

Date: _____ Person A: _____ Person B: _____

Criterion (based on DSM-5-TR / inventory)	Person A (self)	Person B (self)	Shared notes
1. Depressed mood Depressed mood most of the day, nearly every day (feels sad, empty, hopeless; or appears tearful). In spouses: may show as irritability.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Anhedonia Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Weight / appetite Significant weight loss when not dieting, or weight gain; or decrease/increase in appetite nearly every day.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Sleep Insomnia or hypersomnia nearly every day.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Psychomotor Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Fatigue Fatigue or loss of energy nearly every day.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Worthlessness / guilt Feelings of worthlessness or excessive/inappropriate guilt nearly every day (not merely self-reproach about being sick).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Concentration Diminished ability to think or concentrate, or indecisiveness, nearly every day.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Death / suicide Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan. (If yes: 988 / Right Door now.)	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally (self only)

Person A — "Yes" (clear, enduring): ____ / 9 "Sometimes": ____ / 9 Person B — "Yes": ____ / 9 "Sometimes": ____ / 9
Clinical threshold note (clinician only): ≥5 symptoms in same 2 weeks; include mood and/or anhedonia; distress/impairment.
☐ Clear 2+ week episode with mood and/or loss of pleasure, impairing life? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Scoring years of pattern, or a crisis / mood / trauma flare?
☐ Considered bipolar, medical causes, grief, PTSD with a clinician?
☐ Each filled self first, honestly?
☐ Taking this to a professional rather than declaring a kitchen-table diagnosis?
☐ Spoke with respect — Truth + Love?

Prayer: Lord Jesus, lift the darkness. Give Person A and Person B hope, rest, and courage to seek help. Heal our home. Let Your light shine in our marriage. Amen.

Narcissistic Personality Disorder (NPD)

Couple Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest conversation between spouses. This is not a diagnosis.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose NPD after a full evaluation.
- Each person fills the SELF column about themselves. Do not score your spouse's soul for them.
- Shared notes are for marriage patterns — not a label on the other person.
- Mood episodes, psychosis, PTSD, ADHD, and trauma can look like coldness, entitlement, or low empathy without being NPD. Bring sheets to a clinician if you want clarity.
- Speak truth without contempt (Eph 4:15). Do not weaponize this list.

How to use

Sit together calmly. Pray first if you can. Mark Yes / Sometimes / No about yourself across many situations and years (not one bad week). DSM-5-TR: pervasive pattern of grandiosity, need for admiration, and lack of empathy, beginning by early adulthood, present in various contexts, with ≥5 of 9 features — inflexible and causing significant problems or distress. Crisis help: Right Door 888-527-1790.

Date: _____ Person A: _____ Person B: _____

Criterion (based on DSM-5-TR / inventory)	Person A (self)	Person B (self)	Shared notes
1. Grandiosity Grandiose sense of self-importance — exaggerates achievements/talents; expects to be recognized as superior without matching achievements.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Fantasies Preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Special / unique Believes they are "special" and unique and can only be understood by, or should associate with, other special or high-status people or institutions.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Admiration Requires excessive admiration.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Entitlement Has a sense of entitlement — unreasonable expectations of especially favorable treatment or automatic compliance with their expectations.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Exploitation Is interpersonally exploitative — takes advantage of others to achieve their own ends.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Lack of empathy Lacks empathy — is unwilling to recognize or identify with the feelings and needs of others.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Envy Is often envious of others or believes that others are envious of them.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Arrogance Shows arrogant, haughty behaviors or attitudes.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally (self only)

Person A — "Yes" (clear, enduring): ____ / 9 "Sometimes": ____ / 9 Person B — "Yes": ____ / 9 "Sometimes": ____ / 9

Clinical threshold note (clinician only): ≥5 of 9 features, pervasive, inflexible, causing distress/impairment.

☐ Long pattern of grandiosity + admiration-need + low empathy? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Scoring years of pattern, or a crisis / mood / trauma flare?

☐ Considered bipolar, schizoaffective, PTSD, ADHD with a clinician?
☐ Each filled self first, honestly?
☐ Taking this to a professional rather than declaring a kitchen-table diagnosis?
☐ Spoke with respect — Truth + Love?

Prayer: Lord Jesus, show each of us our real faults without despair. Root out pride. Heal Person A and Person B and our marriage. Teach us to forgive and to love as You love the Church. Amen.

Narcissistic Personality Disorder (NPD)

Couple Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest conversation between spouses. **This is not a diagnosis.**

READ FIRST — NOT A DIAGNOSIS
- Only a licensed clinician can diagnose NPD after a full evaluation.
- Each person fills the **SELF** column about **themselves**. Do not score your spouse's soul for them.
- Shared notes are for marriage patterns — not a label on the other person.
- Mood episodes, psychosis, PTSD, ADHD, and trauma can look like coldness, entitlement, or low empathy without being NPD. Bring sheets to a clinician if you want clarity.
- Speak truth without contempt (Eph 4:15). Do not weaponize this list.

How to use

Sit together calmly. Pray first if you can. Mark **Yes / Sometimes / No** about **yourself** across many situations and years (not one bad week). DSM-5-TR: pervasive pattern of grandiosity, need for admiration, and lack of empathy, by early adulthood, with **at least 5 of 9** features — inflexible and causing significant problems or distress. Crisis help: Right Door 888-527-1790.

Date: _____ **Person A:** _____ **Person B:** _____

Criterion (DSM-5-TR)	Person A (self)	Person B (self)	Shared notes
1. Grandiosity Grandiose sense of self-importance — exaggerates achievements/talents; expects to be recognized as superior without matching achievements.	**A — SELF** ■ Yes ■ Sometimes ■ No	**B — SELF** ■ Yes ■ Sometimes ■ No	Notes: _____ _____
2. Fantasies Preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.	**A — SELF** ■ Yes ■ Sometimes ■ No	**B — SELF** ■ Yes ■ Sometimes ■ No	Notes: _____ _____
3. Special / unique Believes they are "special" and unique and can only be understood by, or should associate with, other special or high-status people or institutions.	**A — SELF** ■ Yes ■ Sometimes ■ No	**B — SELF** ■ Yes ■ Sometimes ■ No	Notes: _____ _____
4. Admiration Requires excessive admiration.	**A — SELF** ■ Yes ■ Sometimes ■ No	**B — SELF** ■ Yes ■ Sometimes ■ No	Notes: _____ _____
5. Entitlement Has a sense of entitlement — unreasonable expectations of especially favorable treatment or automatic compliance with their expectations.	**A — SELF** ■ Yes ■ Sometimes ■ No	**B — SELF** ■ Yes ■ Sometimes ■ No	Notes: _____ _____
6. Exploitation Is interpersonally exploitative — takes advantage of others to achieve their own ends.	**A — SELF** ■ Yes ■ Sometimes ■ No	**B — SELF** ■ Yes ■ Sometimes ■ No	Notes: _____ _____
7. Lack of empathy Lacks empathy — is unwilling to recognize or identify with the feelings and needs of others.	**A — SELF** ■ Yes ■ Sometimes ■ No	**B — SELF** ■ Yes ■ Sometimes ■ No	Notes: _____ _____
8. Envy Is often envious of others or believes that others are envious of them.	**A — SELF** ■ Yes ■ Sometimes ■ No	**B — SELF** ■ Yes ■ Sometimes ■ No	Notes: _____ _____
9. Arrogance Shows arrogant, haughty behaviors or attitudes.	**A — SELF** ■ Yes ■ Sometimes ■ No	**B — SELF** ■ Yes ■ Sometimes ■ No	Notes: _____ _____

Tally (self only)

Person A — "Yes" (clear, enduring): ____ / 9 "Sometimes": ____ / 9 Long pattern of grandiosity + admiration-need + low empathy? ■ Yes ■ Unsure ■ No	**Person B** — "Yes" (clear, enduring): ____ / 9 "Sometimes": ____ / 9 Long pattern of grandiosity + admiration-need + low empathy? ■ Yes ■ Unsure ■ No

Before you conclude anything

■ Scoring years of pattern, or a crisis / mood / trauma flare? ■ Considered bipolar, schizoaffective, PTSD, ADHD with a clinician?
■ Each filled **self** first, honestly? ■ Taking this to a professional rather than declaring a kitchen-table diagnosis? ■ Spoke with respect?

Prayer: Lord Jesus, show each of us our real faults without despair. Root out pride. Heal Judith and clay. Teach us to forgive and to love as You love the Church. Amen.

Source: DSM-5-TR NPD criteria (APA). Not a substitute for medical or pastoral care. Right Door crisis: 888-527-1790. For clay & Judith — Sep 2026.

Obsessive-Compulsive Disorder (OCD)

Couple Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest conversation between spouses. This is not a diagnosis.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose OCD after a full evaluation.
- Each person fills the SELF column about themselves. Do not score your spouse's soul for them.
- Shared notes are for marriage patterns — not a label on the other person.
- Ordinary perfectionism, scrupulosity needing pastoral care, GAD, autism routines, and psychotic delusions differ from OCD. Scruples: also talk to a wise priest + clinician.
- Speak truth without contempt (Eph 4:15). Do not weaponize this list.

How to use

Sit together calmly. Pray first if you can. Mark Yes / Sometimes / No about yourself across many situations and years (not one bad week). DSM-5-TR: presence of obsessions, compulsions, or both; time-consuming (e.g., >1 hour/day) or causing distress/impairment; not attributable to substances/medical condition; not better explained by another mental disorder (e.g., GAD worries, body dysmorphic preoccupations). Crisis help: Right Door 888-527-1790.

Date: _____ Person A: _____ Person B: _____

Criterion (based on DSM-5-TR / inventory)	Person A (self)	Person B (self)	Shared notes
1. Obsessions — intrusive Recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted, and that cause marked anxiety or distress.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Obsessions — attempts to ignore The person attempts to ignore/suppress such thoughts/urges/images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Compulsions — behaviors/acts Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession or according to rigid rules.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Compulsions — aim Behaviors/mental acts are aimed at preventing/reducing anxiety/distress or preventing some dreaded event — but are not connected in a realistic way or are clearly excessive.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Time / distress Obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Insight (optional note) Insight may range from good to absent (someone may or may not recognize beliefs as definitely/probably not true). Note for clinician.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Not substance / medical only Disturbance not attributable to physiological effects of a substance or another medical condition.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Not better explained elsewhere Not better explained by another mental disorder (e.g., excessive worries of GAD, appearance preoccupations of BDD, etc.).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally (self only)

Person A — "Yes" (clear, enduring): ____ / 8 "Sometimes": ____ / 8 Person B — "Yes": ____ / 8 "Sometimes": ____ / 8

Clinical note (clinician only): obsessions and/or compulsions; time-consuming or impairing; rule-outs applied.

☐ Intrusive obsessions and/or driven compulsions that steal time or peace? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Scoring years of pattern, or a crisis / mood / trauma flare?
☐ Considered GAD, scrupulosity (priest + clinician), autism routines, depression?
☐ Each filled self first, honestly?
☐ Taking this to a professional rather than declaring a kitchen-table diagnosis?
☐ Spoke with respect — Truth + Love?

Prayer: Lord Jesus, free our minds from tormenting loops. Give Person A and Person B peace, wise counsel, and trust in Your mercy — especially where fear poses as holiness. Amen.

Posttraumatic Stress Disorder (PTSD)

Couple Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest conversation between spouses. This is not a diagnosis.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose PTSD after a full evaluation.
- Each person fills the SELF column about themselves. Do not score your spouse's soul for them.
- Shared notes are for marriage patterns — not a label on the other person.
- Acute stress, adjustment disorder, depression, panic, TBI, and personality patterns can overlap. Trauma responses deserve care — not blame in marriage.
- Speak truth without contempt (Eph 4:15). Do not weaponize this list.

How to use

Sit together calmly. Pray first if you can. Mark Yes / Sometimes / No about yourself across many situations and years (not one bad week). DSM-5-TR: Exposure to actual or threatened death, serious injury, or sexual violence (Criterion A), plus intrusion, avoidance, negative alterations in cognitions/mood, and arousal/reactivity changes lasting >1 month, causing distress/impairment. Crisis help: Right Door 888-527-1790; 988 Suicide & Crisis Lifeline if in danger of harming yourself.

Date: _____ Person A: _____ Person B: _____

Criterion (based on DSM-5-TR / inventory)	Person A (self)	Person B (self)	Shared notes
1. Trauma exposure (A) Exposure to actual/threatened death, serious injury, or sexual violence (direct, witnessing, learning it happened to close family/friend [violent/accidental], or repeated extreme exposure to aversive details).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Intrusion (B) Intrusive memories, nightmares, flashbacks, or intense distress / physiological reactions to cues resembling the trauma.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Avoidance (C) Avoidance of trauma-related memories/thoughts/feelings and/or external reminders (people, places, conversations, activities).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Negative mood / beliefs (D) Negative alterations: e.g., amnesia for important parts, persistent negative beliefs, distorted blame, persistent negative emotions, detachment, inability to experience positive emotions, loss of interest.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Arousal (E) Marked arousal/reactivity: irritable/angry outbursts, reckless behavior, hypervigilance, exaggerated startle, concentration problems, sleep disturbance.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Duration >1 month Disturbance lasts more than 1 month (not only the first weeks after trauma).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Distress / impairment Causes clinically significant distress or impairment in social, occupational, or other important areas (including marriage).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Not substances / medical only Not attributable only to substances or another medical condition.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally (self only)

Person A — "Yes" (clear, enduring): ____ / 8 "Sometimes": ____ / 8 Person B — "Yes": ____ / 8 "Sometimes": ____ / 8
Clinical threshold (clinician only): A + intrusion + avoidance + negative mood/cognitions + arousal; >1 month; impairment.
☐ Trauma exposure plus lasting intrusion, avoidance, mood change, and arousal? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Scoring years of pattern, or a crisis / mood / trauma flare?
☐ Considered depression, panic, TBI, complex trauma with a clinician?
☐ Each filled self first, honestly?
☐ Taking this to a professional rather than declaring a kitchen-table diagnosis?
☐ Spoke with respect — Truth + Love?

Prayer: Lord Jesus, You know every wound. Heal Person A and Person B from trauma. Replace fear with Your peace. Make our marriage a safe place of Truth + Love. Amen.

Schizoaffective Disorder

Couple Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest conversation between spouses. This is not a diagnosis.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose Schizoaffective Disorder after a full evaluation.
- Each person fills the SELF column about themselves. Do not score your spouse's soul for them.
- Shared notes are for marriage patterns — not a label on the other person.
- Schizophrenia, bipolar with psychotic features, MDD with psychotic features, substance-induced psychosis, and medical delirium must be distinguished by a clinician. Do not kitchen-table diagnose psychosis. If safety is at risk: emergency care / 988 / Right Door.
- Speak truth without contempt (Eph 4:15). Do not weaponize this list.

How to use

Sit together calmly. Pray first if you can. Mark Yes / Sometimes / No about yourself across many situations and years (not one bad week). DSM-5-TR: an uninterrupted period of illness with a major mood episode (major depressive or manic) concurrent with Criterion A of schizophrenia (e.g., delusions, hallucinations, disorganized speech, grossly disorganized/catatonic behavior, negative symptoms). There must be delusions or hallucinations for ≥2 weeks in the absence of a major mood episode (during the lifetime duration of the illness). Symptoms meeting major mood episode criteria are present for the majority of the total duration of the active and residual portions of the illness. Not attributable to substances/medical condition. Types: Bipolar or Depressive. This sheet uses careful both/and language — mood AND psychosis features. Crisis help: Right Door 888-527-1790; 988 Suicide & Crisis Lifeline if in danger of harming yourself.

Date: _____ Person A: _____ Person B: _____

Criterion (based on DSM-5-TR / inventory)	Person A (self)	Person B (self)	Shared notes
1. Mood + psychosis together Uninterrupted illness period where a major mood episode (depression or mania) occurs at the same time as schizophrenia Criterion A features (delusions, hallucinations, disorganized speech, disorganized/catatonic behavior, and/or negative symptoms).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Psychosis without mood (≥2 weeks) Delusions or hallucinations for at least 2 weeks in the absence of a major mood episode, during the lifetime duration of the illness.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Mood majority of course Symptoms meeting criteria for a major mood episode are present for the majority of the total duration of the active and residual portions of the illness.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Delusions Fixed false beliefs (e.g., persecution, reference, grandiose) held with strong conviction despite clear contrary evidence.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Hallucinations Perception-like experiences without external stimulus (e.g., hearing voices), vivid and clear, not under voluntary control.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Disorganized speech / behavior Disorganized speech (derailment, incoherence) and/or grossly disorganized or catatonic behavior.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Negative symptoms Negative symptoms such as diminished emotional expression or avolition (reduced motivated self-initiated activity).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Major depression concurrent Major depressive episode features concurrent with psychotic symptoms for substantial periods (both/and — not either/or).	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Mania concurrent (bipolar type) Manic episode features concurrent with psychotic symptoms for substantial periods (both/and) — bipolar type discussion.	**A — SELF** ☐ Yes ☐ Sometimes ☐ No	**B — SELF** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

10. Not substances / medical only

Disturbance not attributable to physiological effects of a substance or another medical condition.

A — SELF	B — SELF	Notes:
☐ Yes	☐ Yes	
☐ Sometimes	☐ Sometimes	
☐ No	☐ No	

Tally (self only)

Person A — “Yes” (clear, enduring): ____ / 10 “Sometimes”: ____ / 10 Person B — “Yes”: ____ / 10 “Sometimes”: ____ / 10

CRITICAL: Only a psychiatrist/clinician can diagnose. This checklist is for spouses to notice patterns and seek urgent professional care — not to label. Both mood AND psychosis features matter.

☐ Both significant mood episodes AND psychotic features across the illness course? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Scoring years of pattern, or a crisis / mood / trauma flare?
☐ Urgent clinician review for schizophrenia vs bipolar-with-psychosis vs schizoaffective?
☐ Each filled self first, honestly?
☐ Taking this to a professional rather than declaring a kitchen-table diagnosis?
☐ Spoke with respect — Truth + Love?

Prayer: Lord Jesus, Protector of minds, cover Person A and Person B. Lead us quickly to wise clinical help. Keep our marriage safe, truthful, and merciful. Deliver us from fear; fill us with Your peace. Amen.