

Questionnaire to Identify Signs of Co-dependency

1. Do you keep quiet to avoid arguments? (Yes Sometimes No)
2. Do you tend to worry about others' opinion of you? (Yes Sometimes No)
3. Have you ever lived with someone who hits or belittles you? (Yes Sometimes No)
4. Have you ever lived with someone with an alcohol or drug problem or other addiction?
(Yes Sometimes No)
5. Are the opinions of others more important than your own? (Yes Sometimes No)
6. Do you have difficulty adjusting to changes at work or home? (Yes Sometimes No)
7. Do you feel rejected when significant others spend time with friends? (Yes Sometimes No)
8. Do you doubt your ability to be who you want to be? (Yes Sometimes No)
9. Are you uncomfortable expressing your true feelings to others? (Yes Sometimes No)
10. Have you ever felt inadequate? (Yes Sometimes No)
11. Do you feel like a "bad person" when you make a mistake? Yes Sometimes No
12. Do you have difficulty receiving a compliment or a gift? (Yes Sometimes No)
13. Do you feel embarrassed when your child or spouse makes a mistake? (Yes Sometimes No)
14. Do you think people in your life would go downhill without your constant effort? (Yes Sometimes No)
15. Do you frequently wish someone would help you get things done? (Yes Sometimes No)
16. Do you have difficulty talking to people in authority, such as the police or your boss?
(Yes Sometimes No)
17. Are you confused about who you are or where you are going with your life? (Yes Sometimes No)
18. Do you have trouble saying, "no" when asked for help? (Yes Sometimes No)
19. Do you have trouble asking for help? (Yes Sometimes No)
20. Do you have so many things going at once that you can't do justice to any of them?
(Yes Sometimes No)