

Codependency Checklist

Name: _____ Age: _____

Instructions: This checklist is designed to help you assess codependent tendencies in your behavior and relationships. For each item, indicate whether it applies to you by selecting "Yes" or "No." Be honest with yourself as you evaluate your responses. After completing the checklist, use the scoring guide to understand your codependency level.

QUESTIONS	YES	NO
Do you often prioritize others' needs above your own?	<input type="checkbox"/>	<input type="checkbox"/>
Are you unable to assert your boundaries effectively?	<input type="checkbox"/>	<input type="checkbox"/>
Do you frequently seek approval or validation from others?	<input type="checkbox"/>	<input type="checkbox"/>
Have you remained in an unhealthy or abusive relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty saying "no" even when it's in your best interest?	<input type="checkbox"/>	<input type="checkbox"/>
Are you excessively preoccupied with other people's problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often feel responsible for others' happiness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you neglected your own goals and aspirations for the sake of someone else?	<input type="checkbox"/>	<input type="checkbox"/>
Do you avoid conflict at all costs, even when it's necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel guilty when taking time for self-care?	<input type="checkbox"/>	<input type="checkbox"/>
Have you struggled to identify your own emotions?	<input type="checkbox"/>	<input type="checkbox"/>

Do you find it challenging to communicate your feelings to others?	<input type="checkbox"/>	<input type="checkbox"/>
Are you afraid of being alone or abandoned?	<input type="checkbox"/>	<input type="checkbox"/>
Do you frequently rescue or enable others, even when it's detrimental to them?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced a history of unstable or codependent relationships?	<input type="checkbox"/>	<input type="checkbox"/>
Do you rely on substances or other people to cope with stress or emotions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you overly critical of yourself or have low self-esteem?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often make excuses for the behavior of others?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prone to people-pleasing behaviors?	<input type="checkbox"/>	<input type="checkbox"/>
Do you find it difficult to trust others in relationships?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced childhood trauma or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel responsible for solving other people's problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a strong fear of rejection?	<input type="checkbox"/>	<input type="checkbox"/>
Are you frequently in relationships where you feel used or unappreciated?	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost touch with your own identity in a relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty making decisions independently?	<input type="checkbox"/>	<input type="checkbox"/>
Are you often anxious about the well-being of others?	<input type="checkbox"/>	<input type="checkbox"/>

Have you stayed in a relationship longer than you wanted because you were afraid of being alone?	<input type="checkbox"/>	<input type="checkbox"/>
Do you struggle with setting and maintaining healthy boundaries?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of enabling addictive behaviors in others?	<input type="checkbox"/>	<input type="checkbox"/>

Scoring Guide:

- Count the number of "Yes" responses.
- The higher the number of "Yes" responses, the more likely you may exhibit codependent behaviors.
- Keep in mind that this checklist is not a diagnostic tool but a self-assessment to raise self-awareness.