

Friel Codependency Assessment Inventory

Patient Information

Name:

Age:

Gender:

Occupation:

Date of Assessment:

Instructions: For each of the following statements, please rate how often you have felt or behaved this way during the past six months. Use the following scale:

1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always

Answer	Section 1: Personal Development
	1. I find it difficult to express my emotions.
	2. I neglect my own needs in favor of others' needs.
	3. I feel responsible for others' happiness.
	4. I have difficulty setting boundaries in relationships.

Answer	Section 2: Relationship Patterns
	1. I stay in relationships even when they are harmful or unfulfilling.
	2. I am attracted to people who need fixing or saving.
	3. I feel a sense of guilt when asserting myself in a relationship.

Answer	Section 3: Family Dynamics
	1. I come from a family where addiction (substance abuse, work, gambling) was present.

	2. I tend to replicate my family's dysfunctional patterns in my own relationships.
	3. I have difficulty trusting others due to past family experiences.

Answer	Section 4: Emotional Wellness
	1. I often feel anxious or worried about what others think of me.
	2. I struggle with feelings of inadequacy or worthlessness.
	3. I frequently feel overwhelmed by my emotions.

Answer	Section 5: Self-Care
	1. I neglect my physical health due to focusing on others.
	2. I struggle to find time for self-care activities (hobbies, relaxation).
	3. I feel guilty when I prioritize my own needs.

Overall Assessment:

Patient's Score:

Interpretation of Score:

Recommended Interventions:

Use this assessment to understand better an individual's behaviors, emotions, and thoughts that may indicate codependency in relationships. The score can guide therapeutic interventions and shape strategies for healthier relationship patterns. As always, any assessment should be used as part of a comprehensive evaluation and not in isolation.