

Setting Boundaries With Relationships Worksheet

Patient Information

Full Name	
Date	
Age	
Gender	
Contact Information	

Medical History

Past mental health diagnoses	
Current medications	
Previous therapy	
Hospitalizations	
Family mental health history	

Questions

Relationship in question	
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Boundary breaches	
Emotional response to breaches	
Past boundary-setting attempts	
Response to past attempts	
Desirable boundary outcomes	

Tests

Personal space scale	On a scale of 1-10, how comfortable are you with physical touch from the individual?	
Time investment scale	On a scale of 1-10, how often do you feel you need personal time away from the individual?	
Communication effectiveness scale	On a scale of 1-10, how effective has your past communication about boundaries been?	
Comfort level in confrontation	On a scale of 1-10, how comfortable are you confronting someone when a boundary is crossed?	
Perceived support system	On a scale of 1-10, how supported do you feel in this relationship?	