

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

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

Have you stayed in a relationship longer than you wanted because you were afraid of being alone?	☐	☐
Do you struggle with setting and maintaining healthy boundaries?	☐	☐
Do you have a history of enabling addictive behaviors in others?	☐	☐

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.