

20 QUESTION SELF- ASSESSMENT FOR HEALTHY BOUNDARIES

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PUT A CHECK IN THE BOX THAT IS MOST ACCURATE	Never	Rarely	Some- times	Often	Almost Always
1. Do you feel stressed out, overwhelmed, burnt out?					
2. Would you do most anything to avoid hurting others?					
3. Do you feel as if your kids (mate, parents, others) run your life?					
4. Do you feel as if you are never caught up, or as if your life is not your own?					
5. Do you feel taken advantage of by those you love?					
6. Do you resent others for being so demanding and inconsiderate?					
7. Do others' needs seem much more urgent than yours?					
8. Do you see yourself as the only one who can help, and that you therefore should say yes?					
9. Do you tend to meet others' needs before your own?					
10. Do you question the legitimacy of your own needs?					
11. Do you hate to disappoint others' expectations?					
12. Are you secretly afraid that if you don't do what others ask of you, that they will leave you?					
13. Do you say "OK" or say nothing when you would rather not do something for someone, because you don't want a confrontation?					
14. Do you deep down believe that if you don't anticipate people's needs and provide services for them, they won't want to be with you?					
16. Do you try to convince yourself that your feelings aren't real, or that you shouldn't have those feelings, or that your feelings don't matter compared to the other person's feelings?					
17. Are you very distressed if one disapproves of you?					
18. Are you very distressed if someone seems as if they don't like you?					
19. If someone criticizes you, do you automatically believe that their criticism is true?					
20. Do you let other people define what your behavior means? (Ex: "You don't really love me if you won't...")					
IN EACH COLUMN ADD UP THE NUMBER OF CHECKS					

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