

Name: _____ Date: _____

Healthy Boundaries

Fill the blanks.

HOW DO I COMMUNICATE MY BOUNDARIES TO OTHER PEOPLE?

I HAVE A PROBLEM WITH THAT

I DON'T WANT TO

I'VE DECIDED NOT TO

THIS IS WHAT I NEED

THIS IS HARD FOR ME TO SAY

I UNDERSTAND YOUR POINT OF VIEW BUT

I FEEL UNCOMFORTABLE ABOUT

I'D RATHER NOT

YES, I DO MIND

I'D PREFER NOT TO

IT'S IMPORTANT TO ME

I'LL THINK ABOUT IT

THAT'S UNACCEPTABLE

I GUESS WE SEE IT DIFFERENTLY

WHO DO I NEED TO BE ESTABLISHING CLEAR BOUNDARIES WITH?