

Name: _____ Date: _____

CODEPENDENCY THERAPY

From the below-mentioned symptoms of codependency,
mark the ones you find in you.

Caretaking	<input type="checkbox"/>
Obsession	<input type="checkbox"/>
Sex issues	<input type="checkbox"/>
Disconnected self	<input type="checkbox"/>
Anger	<input type="checkbox"/>
Weak boundaries	<input type="checkbox"/>
Relationship problems	<input type="checkbox"/>
Repression	<input type="checkbox"/>
Need for approval	<input type="checkbox"/>
Lack of trust	<input type="checkbox"/>
Shame and doubt	<input type="checkbox"/>
Controlling	<input type="checkbox"/>
Poor communication	<input type="checkbox"/>
Denial	<input type="checkbox"/>
Dependent on others	<input type="checkbox"/>