

Name: _____

Date: _____

HEALTHY RELATIONSHIP REFLECTION

This checklist helps you think about how healthy a relationship is.
Read each statement and check YES or NO.

STATEMENT	YES	NO
Do you feel respected by the other person?	<input type="checkbox"/>	<input type="checkbox"/>
Can you share your thoughts without feeling afraid?	<input type="checkbox"/>	<input type="checkbox"/>
Do you both listen to each other when talking?	<input type="checkbox"/>	<input type="checkbox"/>
Are both of you supportive of each other's goals?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel comfortable being yourself around this person?	<input type="checkbox"/>	<input type="checkbox"/>
Can you talk about problems calmly together?	<input type="checkbox"/>	<input type="checkbox"/>
Do you both spend time caring about the relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel valued and appreciated by this person?	<input type="checkbox"/>	<input type="checkbox"/>
Do you both respect each other's personal space?	<input type="checkbox"/>	<input type="checkbox"/>
Does this relationship make you feel happy most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
Do you encourage each other to grow and improve?	<input type="checkbox"/>	<input type="checkbox"/>
Can you solve disagreements without hurting each other?	<input type="checkbox"/>	<input type="checkbox"/>