



How My Relationship Affects My Life

Ask yourself the following questions about how your relationship is affecting important areas of your life. Then think about any areas where you want to make changes, and talk with someone in your support system about how you can do this.

I am evaluating my relationship with: _____

WORK / EDUCATION:

- ❖ Does this person support me in my career? _____
- ❖ Have I ever missed or been late to work/class because of a fight with this person? _____
- ❖ Does this person pressure me to miss work/class? _____
- ❖ Do I talk to this person so much while at work that it gets in the way of my job? _____
- ❖ Has this person ever shown up at my job/school to 'check up' on me because of jealousy? If so, has this caused me embarrassment or questions from my co-workers or boss/other students or teachers? _____
- ❖ If I'm in school, have my grades fallen or improved since I've been in this relationship? _____
- ❖ Have I ever quit or been fired from a job as a result of my relationship with this person? _____
- ❖ If I want to further my education, does this person support this goal? _____

MY PHYSICAL HEALTH:

- ❖ Have I ever had cuts, bruises, or other injuries as a result of a fight with this person? _____
- ❖ Have I gained or lost a significant amount of weight since I've been in this relationship? _____
- ❖ Have I ever contracted a sexually transmitted disease from this person? _____
- ❖ Have I had any unplanned pregnancies from this relationship? _____
- ❖ Have I ever been so upset about a fight with this person that I became physically ill? _____
- ❖ Does this person ever threaten me physically or do dangerous things, like driving recklessly with me in the car? _____

MY EMOTIONAL HEALTH (LEVEL OF STRESS, FEELINGS OF SELF WORTH):

- ❖ Do I feel better about myself or worse about myself since I have been in this relationship? _____
- ❖ Do I ever think that "I am nothing" without this person - that I couldn't go on without him or her? _____
- ❖ Do I feel more or less stressed, depressed or anxious? _____
- ❖ Do I cry more or less frequently since I've been in this relationship? _____
- ❖ Do I have more trouble sleeping at night or sleep more than usual since I've been in this relationship? _____

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USE OF DRUGS/ALCOHOL:

- ❖ Have I started/increased or stopped/decreased smoking, drinking or using drugs since I've been in this relationship? _____
- ❖ Does this person pressure me to use drugs or alcohol? _____
- ❖ Do I ever use drugs/alcohol to help myself calm down or feel better after a fight? _____
- ❖ Do I ever use drugs/alcohol because I feel it will "loosen me up" and make me less inhibited around this person or around his/her friends? _____

MY FAMILY & FRIENDSHIPS:

- ❖ How do my friends & family feel about this person? How does this person feel about them? _____
- ❖ Have I grown apart from my friends & family since I've been in this relationship, or gotten closer? _____
- ❖ Does this person ever act jealous of my friends/family and try to keep me away from them? _____
- ❖ Has this person ever threatened or gotten into a physical fight with a friend or family member? _____
- ❖ Has this person pressured me to quit a club, group or team? _____
- ❖ Do I find myself lying to my friends & family to cover up for this person? _____
- ❖ Do we each spend time separately with our own friends? _____

MY CHILDREN:

- ❖ How does my relationship with this person affect my children? _____
- ❖ How do my children feel about this person? _____
- ❖ Have my children ever witnessed verbal abuse or physical violence between myself and this person? _____
- ❖ Have my children ever been verbally abused? _____
- ❖ Have my children ever been physically hurt, either directly or as a result of them accidentally getting in the way during a fight between myself and this person? _____
- ❖ Do I believe this relationship is affecting my children's emotional health, behavior, school performance or other social relationships? _____

MY ABILITY TO FUNCTION INDEPENDENTLY:

- ❖ Do I have control of my own money? _____
- ❖ Have my living arrangements become dependent on this person? _____
- ❖ Do I ever feel that I could not 'make it' without this person? _____
- ❖ In what other ways, positive or negative, do I think this relationship has affected my life? _____