

How Healthy Is My Relationship?

The following is a list of abusive qualities in a relationship. Circle which heart best defines the situation. Which areas are most important to you? What are the main things you want to work on? There is no master test to define whether your relationship works. It is up to you to decide if there are too many black hearts in your life. If you have questions or concerns about your results contact us 704-378-3550

Circle the heart that you feel is most accurate about the statement

A lot Somewhat Not a factor

Social:

- | | | | |
|-----------------------------------------------------------------------------|----------------------------------|-----------------------|-----------------------|
| Your partner purposely humiliates you in front of people | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your partner discourages you from going to places or seeing people | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your partner goes through your phone, looking at the call log/text messages | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your partner hacks onto your Face book or Twitter accounts | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your partner has followed or chased you | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your partner interrogates you when you come home | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your partner criticizes family and friends | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your partner has made threats against your friends and family | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your partner calls/harasses you at work | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Emotional:

- | | | | |
|----------------------------------------------------------------------|----------------------------------|-----------------------|-----------------------|
| Your partner doesn't take things that are important to you seriously | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|----------------------------------------------------------------------|----------------------------------|-----------------------|-----------------------|

- | | | | |
|---------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Your partner doesn't have other friends and relies on you to meet all of their social needs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner doesn't listen to you | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner belittles you like a child | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner blames you for making them act irrationally | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner cheats on you | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner has threatened to kill themselves if you leave | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner makes negative remarks about your physical features or appearance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Physical:

- | | | | |
|----------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Your partner has restrained you or held you down | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner has dragged you somewhere against your will | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner has gestured physical violence towards you | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner has displayed weapons | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner has thrown something at or near you | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner has shoved you to the ground | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner has slapped you | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sexual:

- | | | | |
|--------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Your partner has pressured you into sex | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner has used sex to humiliate you | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner expects sex after an argument | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner has physically harmed you during sex | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner has forced you to watch pornography | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your partner forced you to have sex in ways that are uncomfortable | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |