

Toxic Person Symptoms Identification Form

Instructions: Please read each statement carefully and rate your agreement on a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree.

1. I often feel criticized or belittled by this person.

1 2 3 4 5

2. I frequently feel guilty or responsible for their emotions.

1 2 3 4 5

3. I don't feel supported in my goals and aspirations by this person.

1 2 3 4 5

4. This person tries to control aspects of my life.

1 2 3 4 5

5. I often second-guess my feelings and perceptions when I'm around this person.

1 2 3 4 5

6. This person regularly disregards my personal boundaries.

1 2 3 4 5

7. I feel anxious about their emotional reactions, which can be unpredictable.

1 2 3 4 5

8. I feel isolated from my other relationships because of this person.

1 2 3 4 5

9. I find that I am the only one putting effort into the relationship.

1 2 3 4 5

10. I often leave interactions with this person feeling drained or unhappy.

1 2 3 4 5

Reflection

- **What specific behaviors have you noticed?**
- **How do these interactions affect your overall well-being?**
- **What steps might you consider taking in response to this situation?**

Book your free, no obligation discovery consult to help have your results interrupted

