

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?

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