

## Love Addiction Screening Test

The following is a Love Addiction Questionnaire By Dr. Brenda Schaeffer author of "Is it Love or Is it Addiction?" Check yes or no to the above. Any yes answer indicates some degree of unhealthy dependency or addiction. Love addiction seems to be a fact of life. Most, if not all, relationships give evidence of some of these signs. And there is both healthy and unhealthy dependency.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you ever feel as though you take care of others even though it hurts you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you afraid or hesitant to talk about problems in your relationship?
<input type="checkbox"/> Yes <input type="checkbox"/> No	When you do discuss problems, do you seem to get nowhere?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you feel like you are growing or want to grow and the relationship is not?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you say yes when you want to say no?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you rationalize away the things you don't like in your relationship?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you ever feel like you both want and don't want to be in the relationship?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever thought of leaving the relationship and been too afraid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or the other person every get close and then pull back?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you experience holding out in your relationship?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does how the other person in the relationship feel change your mood or self-esteem?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the person's behavior change your self-esteem or mood?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you enable, persecute or feel like a victim?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you struggle for power or control?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you try to change the other person or the other person try to change you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wonder what a healthy relationship is?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any negative thoughts about men/women, relationships?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you disregard your values to please someone?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you fear risk, change or the unknown?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you experience repeated negative feelings?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you suffer from separation or disapproval anxiety?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you let abusive people remain in your life?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you fear being alone?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are your boundaries weak or rigid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you expect or demand unconditional love?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or those you are attracted to abuse or refuse commitment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you fail to stop others from violating your boundaries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you adapt to others to keep them around?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you look to others to fulfill you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you become intimate before you have established trust?