Emotional Abuse Self-Assessment Worksheet

A Private Reflection Tool for Personal Awareness

This worksheet is a private space for honest self-reflection — a gentle, judgment-free place that belongs entirely to you. Recognizing unhealthy patterns in a relationship is a courageous first step, and choosing to look honestly at your experience takes real strength. There are no right or wrong answers here, only your honest experience, offered at your own pace. Your well-being matters deeply, and you deserve relationships built on respect, trust, and genuine kindness.

> ***For Your Privacy***
>
> *This worksheet is for your personal use only. You may complete it in private and keep or destroy it as you choose. You are under no obligation to share it with anyone.*

Date Completed:

How to Use This Worksheet

For each statement below, rate how often you experience it in your relationship using the following scale:

0 - Never

1 - Rarely

2 - Sometimes

3 - Often

4 - Always or Almost Always

Trust your first instinct. There is no need to overthink each answer — your gut feeling is valid and worth listening to.

Note: *"My Relationship" can mean a romantic partner, family member, close friend, or anyone you are in a significant relationship with.*

Section 1: Criticism & Humiliation

These questions reflect how you feel about the way you are spoken to and treated in terms of your worth and dignity.

1. My partner/person criticizes me in front of others or puts me down privately.

My Rating (0–4):

Notes / thoughts:

2. I am called hurtful names, mocked, or spoken to with contempt.

My Rating (0–4):

Notes / thoughts:

3. My accomplishments, ideas, or opinions are regularly dismissed or ridiculed.

My Rating (0–4):

Notes / thoughts:

4. I feel embarrassed or ashamed by the way I am spoken to.

My Rating (0–4):

Notes / thoughts:

5. I am made to feel that I can never do anything right, no matter how hard I try.

My Rating (0–4):

Notes / thoughts:

Section 2: Control & Manipulation

These questions explore whether you feel free to make your own choices, or whether your decisions are controlled or influenced through pressure and manipulation.

6. My choices — about money, clothing, friends, or daily activities — are controlled or heavily monitored.

My Rating (0–4):

Notes / thoughts:

7. I feel pressured or guilted into doing things I am not comfortable with.

My Rating (0–4):

Notes / thoughts:

8. My boundaries are repeatedly ignored, even after I've expressed them clearly.

My Rating (0–4):

Notes / thoughts:

9. I am given "silent treatment" or emotional withdrawal as punishment.

My Rating (0–4):

Notes / thoughts:

10. I feel like I have to ask for permission to do ordinary things.

My Rating (0–4):

Notes / thoughts:

11. My partner/person uses my insecurities, past mistakes, or secrets against me.

My Rating (0–4):

Notes / thoughts:

Section 3: Gaslighting & Reality Distortion

These questions address whether your perceptions, feelings, and memories are validated — or denied — in your relationship.

12. When I bring up a concern, I am told I am "too sensitive," "overreacting," or "imagining things."

My Rating (0–4):

Notes / thoughts:

13. I am made to doubt my own memory of events or conversations.

My Rating (0–4):

Notes / thoughts:

14. My feelings are minimized or dismissed rather than heard and respected.

My Rating (0–4):

Notes / thoughts:

15. I often feel confused about what actually happened in a disagreement.

My Rating (0–4):

Notes / thoughts:

16. I find myself apologizing frequently, even when I'm not sure what I did wrong.

My Rating (0–4):

Notes / thoughts:

Section 4: Isolation & Social Control

These questions reflect whether you feel free to maintain your own relationships and support network.

17. I have been discouraged or prevented from spending time with friends or family.

My Rating (0–4):

Notes / thoughts:

18. My relationships outside of this one have suffered or been damaged by this person's behavior.

My Rating (0–4):

Notes / thoughts:

19. I feel like this person tries to make me dependent on them and cut off from others.

My Rating (0–4):

Notes / thoughts:

20. I feel alone, even when I'm with this person.

My Rating (0–4):

Notes / thoughts:

Section 5: Fear, Intimidation & Walking on Eggshells

These questions reflect your sense of emotional safety and whether fear plays a role in how you navigate this relationship.

21. I feel anxious or fearful about how this person might react to things I say or do.

My Rating (0–4):

Notes / thoughts:

22. I frequently change my behavior to avoid upsetting this person.

My Rating (0–4):

Notes / thoughts:

23. I feel like I am "walking on eggshells" around this person.

My Rating (0–4):

Notes / thoughts:

24. I have been threatened — emotionally, financially, socially, or otherwise.

My Rating (0–4):

Notes / thoughts:

25. When I think about this relationship honestly, I feel more drained than uplifted.

My Rating (0–4):

Notes / thoughts:

Calculating Your Score

Add up all 25 ratings. Write your section totals and grand total in the table below.

Section	Questions	My Total
Section 1: Criticism & Humiliation	Q1 – Q5	
Section 2: Control & Manipulation	Q6 – Q11	
Section 3: Gaslighting & Reality Distortion	Q12 – Q16	
Section 4: Isolation & Social Control	Q17 – Q20	
Section 5: Fear & Walking on Eggshells	Q21 – Q25	
GRAND TOTAL	**All 25 Questions**	

Maximum possible score: 100

What Your Score May Suggest

This tool is meant to support your self-awareness, not to diagnose or define your relationship. Every situation is unique. If anything here resonates with you — regardless of your score — please know that support is available and you are not alone.

Score Range	What It May Reflect	Suggested Reflection
0 – 10	Few or no concerning patterns detected	Continue to nurture open communication and mutual respect in your relationships.
11 – 25	Some patterns worth noticing	Consider reflecting on specific areas. Talking with a trusted friend or counselor may be helpful.
26 – 50	Moderate patterns present	These patterns may be affecting your well-being. Reaching out to a counselor or support resource is encouraged.
51 – 75	Significant patterns present	You may be experiencing ongoing emotional harm. Please consider speaking with a professional or trusted person.
76 – 100	Severe patterns present	Your safety and emotional health are the priority. Please reach out for professional support as soon as possible.

My Personal Reflections

Use this space to write anything that came up for you as you completed this worksheet — feelings, patterns you noticed, things you want to remember, or next steps you are considering. This page is entirely yours.

You Are Not Alone — Support Resources

National Domestic Violence Hotline: 1-800-799-7233 (call or text) | thehotline.org

Crisis Text Line: Text HOME to 741741

SAMHSA National Helpline: 1-800-662-4357

⚠ ***If you are in immediate danger, please call 911.***

Completing this worksheet took courage. Whatever your score, you deserve to be treated with kindness, respect, and care — always. If anything here has stirred something for you, please don't face it alone. Reaching out is a sign of strength, not weakness.