

How Healthy Is Your Relationship?

*Take this
Relationship Quiz*



		Yes	No	Sometimes
1	Do you and your partner respect each other's feelings, opinions and differences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Does your partner frequently check up on you or act jealously or possessively towards you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does your partner keep you from being in touch with family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you and your partner trust each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Does your partner play "head games" (confuse you) or make you question yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Does your partner criticize your appearance, ideas, culture, family and friends or embarrass you in front of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you and your partner share decisions about how money is spent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Does your partner deny you access to your legal, financial and identity documents, such as your passport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you and your partner talk, act and resolve conflicts in ways that make you both feel comfortable and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Does your partner boss you around, give orders, or make most of the decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Does your partner slap, push, punch or kick you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Does your partner ever restrain you or hold you against your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Do you get pressured or forced to engage in sexual activity when you don't want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Do you ever feel afraid of your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Does your partner threaten to hurt you, your family, friends, or pets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Does your partner shout, yell, put you down, or call you names?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Do you and your partner support each other's individual goals and interests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Does your partner blame you for making the abuse happen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Does your partner deny that there is a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Does your partner have a quick temper, a history of mistreating others or himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Do you and your partner feel safe when you talk openly and honestly with each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to questions 1, 4, 7, 9, 17, or 21, these are signs you are in a healthy relationship.

If you answered "no" or "sometimes" to questions 1, 4, 7, 9, 17, or 21 or if you answered "yes" or "sometimes" to any of the other questions, you may need to examine your relationship more closely.

*You could be in an abusive relationship. **You are not alone.** Consult the contact list on the opposite side of this brochure to find someone to talk to.*