



DeTox Identification Worksheet

Instructions: On a scale from one to 10, one being the lowest, ten being the highest, rate your level of TRUTH and/or agreement with the following questions. Use the following scoring sheet to record your answers.

Family (Immediate Family Members that you interact with on a frequent basis)

- _____ 1. I can go at least one hour without experiencing a disagreement with my family members. (B)
- _____ 2. I truly value spending time with my family members. (A)
- _____ 3. My family members work my nerves constantly. (C)
- _____ 4. My family members respect my romantic relationships. (B)
- _____ 5. I respect my family members' romantic relationships. (B)
- _____ 6. I am emotionally comfortable spending extended periods of time (4+ hours) with my family members. (A)
- _____ 7. I am emotionally uncomfortable spending extended periods of time (4+ hours) with my family members. (D)
- _____ 8. My family members are a source of joy in my life. (A)
- _____ 9. My family members are a source of pain in my life. (C)
- _____ 10. I am emotionally drained after spending extended periods of time (4+ hours) with my family members. (D)

Relationships (Romantic and Platonic)

- _____ 1. Being with people I am in relationship with fuels my energy tank. (B)
- _____ 2. Being with people I am in relationship with depletes my energy tank. (C)
- _____ 3. I feel taken aback when my friend or significant other offers to pay for my meal. (B)
- _____ 4. I feel taken advantage of when my friend or significant other does not ask my opinion or does not ask to know about my weekend plans. (D)
- _____ 5. My friends help me when it comes to making important decisions. (A)
- _____ 6. It is normal for my significant other to speak loudly/with strong intensity to one another on a frequent basis. (If applicable) (C)
- _____ 7. It is normal for my significant other and myself to only enjoy intimate/sensual company of one another. (If applicable) (C)
- _____ 8. My friends and I are reciprocal in the way we share about our lives. (A)
- _____ 9. I tend to always be the GIVER in all my relationships (romantic and platonic.) (D)
- _____ 10. I tend to always be the TAKER in all my relationships (romantic and platonic.) (D)

Personal

- _____ 1. When faced with challenges, I usually believe the best about myself. (A)
- _____ 2. When faced with challenges, I usually believe the worst about myself. (D)
- _____ 3. I am often influenced by the words/opinions of others. (D)
- _____ 4. I am seldom influenced by the words/opinions of others. (D)
- _____ 5. It is often that I am not confident in my ability to control my life. (D)
- _____ 6. Emotionally, my life is in a really good place right now. (A)
- _____ 7. In times of stress, I consider and/or will engage in self-destructive behavior. (D)
- _____ 8. In times of stress, I have never considered or done any form of self-destructive behavior. (A)
- _____ 9. I have a clear goal of where I want to be 6 months from now. (A)
- _____ 10. I feel like I am living in my purpose. (A)





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OVERALL SCORING SHEET

Question Type Totals:

Family: 3 As, 3 Bs, 2 Cs, 2 Ds

Relationships: 2 As, 2 Bs, 3 Cs, 3 Ds

Personal: 5 As, 0 Bs, 0 Cs, 5Ds

TOTAL: 10 As, 5 Bs, 5 Cs, 10 Ds

Scoring: Write the numerical answer in the corresponding section in the table below.

(Example: The value for "Family Question 1" would be placed beside the area that says "Q1," the same for Question 2, and so on.)

Add all your values based on the *column* (adding from top to bottom). Your sum in each column determines the level of non-toxicity or toxicity you may have! The goal is to have your **non-toxic** behavior outweigh your **toxic** behavior OR that the sums from the **non-toxic** side equals, and thereby cancels out your **toxic** side totals.

	Healthy, Non-Toxic Behavior (A)	Marginally Non-Toxic Behavior (B)	Marginally Toxic Behavior (C)	Extremely Toxic Behavior (D)
Family	Q2: Q6: Q8:	Q1: Q4: Q5:	Q3: Q9:	Q7: Q10:
Relationship	Q5: Q8:	Q1: Q3:	Q2: Q6: Q7:	Q4: Q9: Q10:
Personal	Q1: Q6: Q8: Q9: Q10:			Q2: Q3: Q4: Q5: Q7:
TOTALS:				

