

Relationship Needs Checklist

Name: _____ Date: _____ dd / mm / yyyy

Acceptance - Is this need being met?

☐ Yes ☐ No

Affection - Is this need being met?

☐ Yes ☐ No

Autonomy - Is this need being met?

☐ Yes ☐ No

Communication - Is this need being met?

☐ Yes ☐ No

Conflict resolution - Is this need being met?

☐ Yes ☐ No

Connection - Is this need being met?

☐ Yes ☐ No

Effort - Is this need being met?

☐ Yes ☐ No

Emotional readiness - Is this need being met?

☐ Yes ☐ No

Empathy - Is this need being met?

☐ Yes ☐ No

Flexibility - Is this need being met?

☐ Yes ☐ No

Intimacy - Is this need being met?

☐ Yes ☐ No

Kindness - Is this need being met?

☐ Yes ☐ No

Prioritization - Is this need being met?

☐ Yes ☐ No

Respect - Is this need being met?

☐ Yes ☐ No

Shared Values - Is this need being met?

☐ Yes ☐ No

Security - Is this need being met?

☐ Yes ☐ No

Satisfaction - Is this need being met?

☐ Yes ☐ No

Space - Is this need being met?

☐ Yes ☐ No

Trust - Is this need being met?

☐ Yes ☐ No

Validation - Is this need being met?

☐ Yes ☐ No

Total: /20: _____

Additional Notes: