

Name _____

Date _____

Do You Suffer from The Should Syndrome?

Instructions: Read through the list and check off all symptoms that resonate with you. Go with your initial reaction. If you check multiple boxes, you most likely have Shoulds that get in the way of living the life you want.

GENERAL

- I am often sad, tired, or angry.
- I often feel guilty.
- I often feel anxious or worried.
- I often feel needy or victimized.
- I often feel stuck.
- I feel like I am always giving and never getting anything back.
- I often have negative thoughts about myself.
- I often use "lack of control" words (can't, must, have to).
- The same issues and problems keep resurfacing and never get resolved.
- I have trouble making up my mind.
- I have trouble knowing what I want.
- I am very influenced by others' opinions.
- I need to keep busy and don't like having too much time to think.
- I spend time doing mindless things like watching television and playing video games.
- I become very uncomfortable when I am not in control of a situation.
- I am a perfectionist.
- I say, "yes" to things I don't want to do.
- I procrastinate about important things.
- I commit to more things than I can possibly do.

RELATIONSHIPS

- I argue with and hurt the people I care most about.
- I keep my true feelings inside and avoid conflict.
- I don't spend as much time with my family/friends as I would like.
- I am not as close to certain family members as I'd like to be.
- I make excuses for people.
- I often give in and resent it later.
- I am easily hurt by others' words or actions.
- I frequently get in arguments or disagreements.
- I can be very blunt and direct and sometimes offend people I care about.
- I am envious of my friends or neighbors.
- I am frequently impatient with people.
- I try to make people happy.
- It's very important that people like me.
- I need positive feedback to keep me motivated.

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WORK/FINANCES

- My job is stressful.
- I don't know what kind of job I want.
- I don't like my work, but I don't have any other options.
- My work is all consuming, and I don't have time for other important things in my life.
- I buy things I cannot afford.
- I go shopping to make me feel better.
- I make poor investment choices.
- I ignore my finances or let someone else make my financial decisions.

HEALTH

- I have trouble maintaining a healthy weight.
- I do not exercise enough.
- I drink alcohol/eat/take drugs to make me feel better.
- I do things I know are not good for me.
- I am sick a lot.
- I frequently experience stress-related physical symptoms (e.g., lightheadedness, tension headaches, indigestion, stomach ulcers, trouble swallowing).
- I have trouble falling asleep or don't sleep well.
- I sleep too much.

FUN

- I rarely have a good, hearty laugh.
- I have very few hobbies.
- I don't know what to do when I have free time.
- Very few things bring me real joy.
- Most of my recreational activities are driven by what others want to do.
- I feel guilty taking time to do something just for me.
- I love to _____, but I haven't done it in a long time.
- I love to _____, but I'm not very good at it so I don't do it.