Spann-Fischer Codependency Scale

Read the following statements and circle the number in the spaces provided that best describes you according to the following list:

1 = Strongly Disagree;   2 = Moderately Disagree;   3 = Slightly Disagree;
4 = Slightly Agree;   5 = Moderately Agree;   6 = Strongly Agree

Statement						
1. It is hard for me to make decisions.	1	2	3	4	5	6
2. It is hard for me to say "no".	1	2	3	4	5	6
3. It is hard for me to accept compliments graciously.	1	2	3	4	5	6
4. Sometimes I almost feel bored or empty if I don't have problems to focus on.	1	2	3	4	5	6
5. I usually *do not* do things for other people that they are capable of doing for themselves.	1	2	3	4	5	6
6. When I do something nice for myself I usually feel guilty.	1	2	3	4	5	6
7. I *do not* worry very much.	1	2	3	4	5	6
8. I tell myself that things will get better when the people in my life change what they are doing.	1	2	3	4	5	6
9. I seem to have relationships where I am always there for them but they are rarely there for me.	1	2	3	4	5	6
10. Sometimes I get focused on one person to the extent of neglecting other relationships and responsibilities.	1	2	3	4	5	6
11. I seem to get into relationships that are painful for me.	1	2	3	4	5	6
12. I don't usually let others see the "real" me.	1	2	3	4	5	6
13. When someone upsets me I will hold it in for a long time, but once in a while I explode.	1	2	3	4	5	6
14. I will usually go to any lengths to avoid open conflict.	1	2	3	4	5	6
15. I often have a sense of dread or impending doom.	1	2	3	4	5	6
16. I often put the needs of others ahead of my own.	1	2	3	4	5	6

Score: _____

To determine your score, reverse your score for items 5 and 7 (i.e.: if you circled 6 replace it with 1; 5 with 2; 4 with 3; etc.). Then sum all your responses. Scores in the range of 16 are indicative of low co-dependency. Co-dependency increases with increasing scores.

Source: Fischer, J., Spann, L., Crawford, D. (1991). Measuring codependency. Alcoholism Treatment Quarterly, 8, 1, 87-100.

Patient's Name: _____

Date of birth: _____

Date of test completion: _____