



Friendship Boundaries Worksheet

Five questions to turn an uncomfortable feeling into a clear next step

NAME (OPTIONAL)

DATE

Which type of boundary fits this situation?

☐ Emotional ☐ Conversational ☐ Digital ☐ Time ☐ Access

1 What specific behavior or situation needs to change?

2 Which part of your life does it affect?

3 What do you need going forward?

4 What action will you take if the behavior continues?

5 What response would show respect - and what response would tell you to reduce access or seek help?

BUILD THE BOUNDARY

When _____, I need _____.

If it continues, I will _____.