Support System

Seldom does one relationship meet all of our needs.

Name one (or more) person in each category and write the need they fill for you.

Skip those that do not pertain to you.



CATEGORY	NAME	NEED BEING FILLED
Parent		
Grandparent		
Sibling		
Adult Children		
Significant other		
Good Friends		
Neighbors		
Counselor		
Clergy		
Club/Group		
Co-worker/Boss		
Pet		
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