



An essential role of peer supporters is disclosure of our lived experience of recovery. However, peer supporters don't have to tell fellow staff and peers everything about themselves. We are allowed to keep some things private. Use this worksheet to explore your personal boundaries.

Step 1: Review the answer key below.

Step 2: Place an "X" next to the response that best describes your level of comfort disclosing on the topics below. Use the open spaces to add additional disclosures specific to you. Then reflect on your responses.

Step 3: Create an "I" statement for how you will express this personal boundary to your peer.

Example: You haven't done anything wrong by asking, but I am not comfortable sharing information about my religion. To me, that's part of my private life.

Step 4: Make a plan.

Remember that personal boundaries change over time. It's a good idea to update this worksheet once a year.

Answer Key

Prefer not to disclose: I prefer not to disclose this type of information when working with peers. The topic is very private or triggering for me.

Willing to disclose if asked: I am willing to disclose this information with peers if asked, but don't usually share it spontaneously.

Comfortable disclosing: I am usually comfortable disclosing the information with peers and will even volunteer it to them without being asked.

Not applicable: This scenario does not apply to me.

Identity Related Disclosures

My gender identity	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
My sexual orientation	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
My religious affiliation or spirituality	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
My political beliefs	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable

My reflections:

My "I" Statement:



Relationships Related Disclosures

My relationship status	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
My friendships	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
My sexual relationships	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable

My reflections:

My “I” Statement:

Mental Health Related Disclosures

My experience of involuntary treatment	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
My experience of restraint/seclusion	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
Experiences with hospitalization	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
Experiences with therapy	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
Experiences with drugs and other substances	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
Suicide attempts	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
Criminal justice involvement	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable

My reflections:

My “I” Statement:



Physical Health Related Disclosures

My current physical health	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
My medical history	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
Physical disabilities/being differently-abled	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable

My reflections:

My “I” Statement:

Trauma Related Disclosures

Physical harassment or assault	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
Sexual harassment or assault	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
Death of people I was close to	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
Personal trauma history	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
Discrimination (racism, sexism, etc.)	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable

My reflections:

My “I” Statement:



Personal Life Related Disclosures				
Money issues	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
Where I live	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
My social media accounts	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
My personal phone number	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Willing to disclose if asked	<input type="checkbox"/> Comfortable disclosing	<input type="checkbox"/> Not applicable
My reflections:				
My "I" Statement:				
My Plan: Select all that apply				
<input type="checkbox"/> Discuss parts of this worksheet with my supervisor				
<input type="checkbox"/> Get support in crafting my "I" statements				
<input type="checkbox"/> Get more support and ideas for communicating my personal boundaries				
<input type="checkbox"/> Discuss a time when my personal boundary was not respected while working				
<input type="checkbox"/> Other:				