



≡ NERVOUS-SYSTEM RESET PLAN ≡

DATE _____

TIME _____

Regulate first. Then decide what comes next.

1. WHAT STATE AM I IN?

- | | |
|--|--------------------------------------|
| ☐ Anxious / activated | ☐ Shut down |
| ☐ Fight | ☐ Numb |
| ☐ Flight | ☐ Overwhelmed |
| ☐ Freeze | |

2. WHAT DO I NOTICE IN MY BODY?

- | | |
|---------------------------------------|---------------------------------------|
| ☐ Racing heart | ☐ Tension |
| ☐ Tight chest | ☐ Tears |
| ☐ Shaky | ☐ Exhausted |
| ☐ Nausea | ☐ Other: _____ |

3. WHAT HELPS ME RESET?

- | | | | | |
|---------------------------------------|--------------------------------------|----------------------------------|--------------------------------|--------------------------------------|
| ☐ Water | ☐ Cold splash | ☐ Stretch | ☐ Quiet | ☐ Safe person |
| ☐ Slow breaths | ☐ Walk | ☐ Music | ☐ Snack | ☐ Fresh air |

4. MY 10-MINUTE RESET PLAN

5. MY 1-HOUR RESET PLAN

6. MY SAFE SUPPORT / PLACE

7. MY REMINDER TO MYSELF



Safety first. Small resets count.



LET'S HEAL TOGETHER!

Nova Wellness Collection Inc.

For reflection and self-support; not a substitute for professional care.