



≡ MANIPULATION PATTERN CHECKLIST ≡

DATE _____

TIME _____

Notice the pattern. Trust the impact. Protect your clarity.

1. WHAT HAPPENED?

2. WHAT DID THEY DO?

- | | |
|---|--|
| ☐ Guilt-tripped me | ☐ Pressured me |
| ☐ Denied what happened | ☐ Silent treatment |
| ☐ Twisted my words | ☐ Threatened to leave |
| ☐ Blamed me | ☐ Moved the goalposts |
| ☐ Love-bombed | ☐ Other: _____ |

3. HOW DID IT MAKE ME FEEL?

- | | |
|-----------------------------------|--|
| ☐ Confused | ☐ Unsafe |
| ☐ Guilty | ☐ Drained |
| ☐ Small | ☐ Doubting myself |
| ☐ Anxious | ☐ Other: _____ |

4. PATTERN OR ONE-TIME ISSUE?

- ☐ One-time
- ☐ Unsure
- ☐ Repeated pattern

5. WHAT ARE THE FACTS?

6. WHAT BOUNDARY OR PROTECTION DO I NEED?

7. WHAT SUPPORT MAY HELP?

- | | | |
|---|--|--|
| ☐ Talk to someone safe | ☐ Take space | ☐ Reach out for support |
| ☐ Write it down | ☐ Save evidence | ☐ Professional help |



Confusion can be a clue. Patterns matter.



LET'S HEAL TOGETHER!

Nova Wellness Collection Inc.

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