



SUPPORT CIRCLE PLAN

Know your people. Know your options. Make support easier to reach.

DATE _____

TIME _____

1. WHEN I AM STRUGGLING, I USUALLY NOTICE...

2. SIGNS I NEED SUPPORT NOW

- | | | |
|--|----------------------------------|--|
| ☐ Isolating | ☐ Craving | ☐ Not sleeping |
| ☐ Crying | ☐ Panic | ☐ Unsafe thoughts |
| ☐ Shutting down | ☐ Angry | ☐ Other: _____ |

3. PEOPLE I CAN CONTACT

Name	How they help
_____	_____
_____	_____
_____	_____

4. PLACES OR SUPPORTS THAT FEEL SAFE

- | | |
|---|---------------------------------------|
| ☐ Outside | ☐ Meeting |
| ☐ Bath / shower | ☐ Crisis line |
| ☐ Bedroom | ☐ Chat support |
| ☐ Friend's place | ☐ Other: _____ |

5. WHAT I CAN SAY WHEN I NEED HELP

I need _____.

Can you _____?

I am not okay and I need _____.

6. WHAT HELPS WHILE I WAIT?

- | | |
|----------------------------------|---|
| ☐ Water | ☐ Music |
| ☐ Walk | ☐ Sit with someone |
| ☐ Breathe | ☐ No phone |
| ☐ Blanket | ☐ Journal |

7. MY NEXT SUPPORT STEP



Reaching out is a strength, not a failure.



LET'S HEAL TOGETHER!

Nova Wellness Collection Inc.

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