



EMOTIONAL CHECK-IN

DATE _____

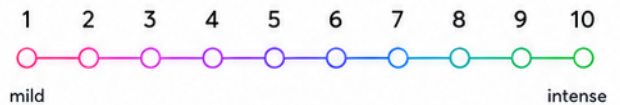
TIME _____

Pause. Notice what is happening. Choose your next safe step.

1. WHAT AM I FEELING RIGHT NOW?

- | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|
| ☐ Calm | ☐ Anxious | ☐ Frustrated |
| ☐ Sad | ☐ Overwhelmed | ☐ Hopeful |
| ☐ Angry | ☐ Numb | ☐ Lonely |
| ☐ Other: _____ | | |

2. INTENSITY



3. WHERE DO I FEEL IT IN MY BODY?

- | | | |
|----------------------------------|------------------------------------|-------------------------------------|
| ☐ Head | ☐ Chest | ☐ Back |
| ☐ Jaw | ☐ Stomach | ☐ Hands |
| ☐ Throat | ☐ Shoulders | ☐ Everywhere |
| ☐ Nowhere | | |

4. WHAT HAPPENED RIGHT BEFORE I FELT THIS?

5. WHAT THOUGHTS ARE RUNNING THROUGH MY MIND?

6. WHAT DO I NEED MOST RIGHT NOW?

- | | | | | |
|--------------------------------|---------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| ☐ Rest | ☐ Water / food | ☐ Quiet | ☐ Movement | ☐ Comfort |
| ☐ Space | ☐ Support | ☐ Fresh air | ☐ A boundary | ☐ More time |

7. WHAT IS WITHIN MY CONTROL?

8. ONE SMALL, SAFE STEP I CAN TAKE NEXT

9. DO I NEED SUPPORT FROM SOMEONE?

- ☐ Not right now ☐ Maybe later ☐ Yes - I can contact: _____



You do not have to solve everything. Just choose your next safe step.



LET'S HEAL TOGETHER!

Nova Wellness Collection Inc. | The Nova Hub

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