# WHAT DO I NEED RIGHT NOW?

**DATE** _____ **TIME** _____

Check in with yourself. Be honest. Start with one real need.

## 1. WHAT AM I FEELING RIGHT NOW?

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

## 2. ENERGY LEVEL

1 2 3 4 5 6 7 8 9 10

low high

## 3. WHAT FEELS HEAVY RIGHT NOW?

_____

_____

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_____

## 4. WHAT DO I NEED MOST?

- ☐ Rest
- ☐ Food
- ☐ Water
- ☐ Quiet
- ☐ Movement
- ☐ Comfort
- ☐ Space
- ☐ Reassurance
- ☐ Sleep
- ☐ Support

## 5. WHO OR WHAT COULD HELP?

_____

_____

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## 6. WHAT IS REALISTIC FOR ME RIGHT NOW?

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## 7. ONE THING I CAN GIVE MYSELF NEXT

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**Your needs are valid, even when they are simple.**

**LET'S HEAL TOGETHER!**

Nova Wellness Collection Inc.

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