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.