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

1 2 3 4 5 6 7 8 9 10

mild — intense

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.