THE NOVA WELLNESS COLLECTION INC.

# 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
- ☐ Denied what happened
- ☐ Twisted my words
- ☐ Blamed me
- ☐ Love-bombed
- ☐ Pressured me
- ☐ Silent treatment
- ☐ Threatened to leave
- ☐ Moved the goalposts
- ☐ Other: _____

## 3. HOW DID IT MAKE ME FEEL?

- ☐ Confused
- ☐ Guilty
- ☐ Small
- ☐ Anxious
- ☐ Unsafe
- ☐ Drained
- ☐ Doubting myself
- ☐ 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
- ☐ Write it down
- ☐ Take space
- ☐ Save evidence
- ☐ Reach out for support
- ☐ 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.*