

# Emotional Awareness Check-In

- **Write now, I FEEL:**  
*One or two words*
- Complete physical sensation and mental thoughts
- Other – a reassurance



**RIGHT NOW, I FEEL:**  
*One or two words*



**INTENSITY (0-10):**



0

1

2

3

4

5

6

7

8

9

10



**MY BODY FEELS:**  
*Name one physical sensation*



**STRONGEST THOUGHT:**  
*Write it honestly*

\_\_\_\_\_

\_\_\_\_\_



**WHAT MIGHT I NEED?**

☐ Rest

☐ Movement

☐ Space

☐ Clarity

☐ Food

☐ Support

☐ Connection

☐ Other...

☐ Reassurance



**ONE HELPFUL NEXT**

*Choose something realistic*

☐ \_\_\_\_\_

\_\_\_\_\_

