

Self Check-In

*This space is for honesty, not perfection. Circle, check, or write what fits today. Leave blank what feels too heavy.
You can always return when your heart is ready.*

Date:

Time:

Today I...

Circle or check anything that applies. Small steps count.

- | | | |
|--|---|---|
| ☐ Made the bed | ☐ Showered | ☐ Brushed my teeth |
| ☐ Fixed my hair | ☐ Wore clean clothes | ☐ Left the house |
| ☐ Ate something | ☐ Drank water | ☐ Went to work |
| ☐ Exercised | ☐ Took a walk | ☐ Went for a drive |
| ☐ Rested | ☐ Prayed | ☐ Cried |
| ☐ Talked with someone | ☐ Connected with family or friends | ☐ Avoided people |
| ☐ Used alcohol to cope | ☐ Chose not to drink today | ☐ Sat in silence |
| ☐ Looked at pictures or videos | ☐ Said my child's name | ☐ Did something that felt hard |
| ☐ Did something that helped me keep going | | |

Other:

What I Felt or Experienced Today

Circle or check the words that fit today.

- | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|--|
| ☐ Afraid | ☐ Alone | ☐ Angry | ☐ Anxious |
| ☐ Ashamed | ☐ Betrayed | ☐ Brave | ☐ Broken |
| ☐ Calm | ☐ Capable | ☐ Changed | ☐ Comforted |
| ☐ Confused | ☐ Depressed | ☐ Determined | ☐ Discouraged |
| ☐ Empty | ☐ Encouraged | ☐ Exhausted | ☐ Exposed |
| ☐ Fake | ☐ Fearful | ☐ Forgiveness | ☐ Forgotten |
| ☐ Fragile | ☐ Free | ☐ Frozen | ☐ Frustrated |
| ☐ Grateful | ☐ Guilty | ☐ Happy | ☐ Haunted |
| ☐ Healing | ☐ Heartbroken | ☐ Helpless | ☐ Hopeful |
| ☐ Hopeless | ☐ Impatient | ☐ Invisible | ☐ Irrational |
| ☐ Isolated | ☐ Jealous | ☐ Joyful | ☐ Lifeless inside |
| ☐ Longing | ☐ Lost | ☐ Loved | ☐ Miserable |
| ☐ Mourning | ☐ Needy | ☐ Neglected | ☐ Nervous |
| ☐ Numb | ☐ Overwhelmed | ☐ Peaceful | ☐ Punished |
| ☐ Rage | ☐ Relieved | ☐ Safe | ☐ Selfish |
| ☐ Shocked | ☐ Sick | ☐ Struggling | ☐ Stuck |
| ☐ Supported | ☐ Thoughtful | ☐ Threatened | ☐ Unsure |
| ☐ Understood | ☐ Violated | ☐ Vulnerable | ☐ Weak |
| ☐ Welcomed | ☐ Worthless | ☐ Wounded | |

Other words that describe today:

One Thing I Did for Myself Today

Self Check-In

Examples: made the bed, ate something, took a walk, went for a drive, showered, rested, prayed, worked out, called someone, sat outside, went to work, drank water.

Today, I did this for myself:

Thoughts That Feel Too Hard to Write

Use this space for the thoughts you may not be ready to say out loud.

Thoughts That Brought a Smile to My Face

Use this space for a memory, sound, smell, picture, moment, or thought that brought even the smallest smile.

What I Am Carrying Right Now

Self Check-In

Since beginning this self-reflection time, what emotions are you noticing now?

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|--------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|
| ☐ Afraid | ☐ Alone | ☐ Angry | ☐ Anxious | ☐ Ashamed |
| ☐ Brave | ☐ Broken | ☐ Calm | ☐ Comforted | ☐ Confused |
| ☐ Discouraged | ☐ Empty | ☐ Exhausted | ☐ Fearful | ☐ Fragile |
| ☐ Frustrated | ☐ Grateful | ☐ Guilty | ☐ Heartbroken | ☐ Hopeful |
| ☐ Hopeless | ☐ Longing | ☐ Loved | ☐ Mourning | ☐ Nervous |
| ☐ Numb | ☐ Overwhelmed | ☐ Peaceful | ☐ Relieved | ☐ Sad |
| ☐ Safe | ☐ Struggling | ☐ Supported | ☐ Unsure | ☐ Vulnerable |
| ☐ Weak | ☐ Wounded | | | |

Other:

Pause and Breathe

Sit still for five minutes or more if you are able.

Let your body rest.

Take a slow breath in.

Let a slow breath out.

You do not have to fix or understand everything right now.

You are allowed to simply breathe.

Do I Need to Reach Out?

Do I need to reach out to someone today?

If yes, who was your safe people from the Grief House Activity or who is a safe person for you?

☐ Yes ☐ No ☐ Not sure

What Do I Need From Them Today?

- | | | | |
|---|---|---|---|
| ☐ A phone call | ☐ A text | ☐ Prayer | ☐ Someone to sit with me |
| ☐ Help making an appointment | ☐ Help getting through the day | ☐ Help with a task | ☐ Someone to listen without trying to fix me |

Other:

Do I need to schedule an appointment with my doctor, counselor, therapist, pastor, grief support leader, or another trusted support person?

☐ Yes ☐ No ☐ Not sure

If you answered yes or not sure, please take one step now.

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|---|---|--|---|
| ☐ Send the text. | ☐ Make the call. | ☐ Schedule the appointment. | ☐ Ask someone to sit with you. |
|---|---|--|---|