



## ROOT Mood, Thought & Reflection Worksheet

A simple tool to increase awareness, reflection and personal growth.

### Introduction

This worksheet is designed to help you pause, notice what is happening inside and around you, and better understand your mood, thoughts, body sensations, behaviors and support needs. It can be used on your own or with a trusted adult, counsellor, teacher, support worker or caregiver.

There are no right or wrong answers. Check any words that feel true for you today, add your own words when needed and use the reflection questions to look for patterns, strengths, triggers and next steps. The goal is not to judge your feelings, but to understand them and choose one helpful action that supports your well-being.

### Professional Disclaimer

This worksheet is intended for educational, reflective and supportive purposes only. It is not a diagnostic tool and does not replace professional mental health, medical, counselling or therapeutic advice, assessment or treatment. Because this worksheet encourages emotional awareness and reflection, some questions may bring up uncomfortable feelings, memories, thoughts or body sensations. If this happens, pause, take a break, use a grounding strategy or reach out to a trusted support person. If you are concerned about your mental health, safety or well-being, please speak with a qualified professional or trusted support person.

**Trigger awareness:** Because this worksheet encourages emotional awareness and reflection, some questions may bring up uncomfortable feelings, memories, thoughts or body sensations. If this happens, pause, take a break, use a grounding strategy or reach out to a trusted support person. You do not need to complete the worksheet all at once and you may skip any section that does not feel safe or helpful.



## Support Contact Information

### Free Resource & Support

This worksheet is offered as a free reflective resource. You are welcome to use it independently for personal check-ins, emotional awareness and self-reflection. If you would like additional support, guidance or help exploring patterns from your reflections, you may contact Lavardi Sanctuary for further assistance.

### Important Safety Note

Please note that Lavardi Sanctuary may not be able to provide immediate crisis or emergency support. If you are in immediate danger or experiencing a mental health emergency, contact local emergency services, a crisis line or a qualified professional right away.

## Pleasant Feelings

<input type="checkbox"/> Happy	<input type="checkbox"/> Calm	<input type="checkbox"/> Peaceful
<input type="checkbox"/> Hopeful	<input type="checkbox"/> Grateful	<input type="checkbox"/> Confident
<input type="checkbox"/> Proud	<input type="checkbox"/> Loved	<input type="checkbox"/> Connected
<input type="checkbox"/> Inspired	<input type="checkbox"/> Motivated	<input type="checkbox"/> Content

## Anxiety & Stress

<input type="checkbox"/> Worried	<input type="checkbox"/> Nervous	<input type="checkbox"/> Overwhelmed
<input type="checkbox"/> Panicked	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Restless
<input type="checkbox"/> Tense	<input type="checkbox"/> Pressured	<input type="checkbox"/> Frustrated

## Sadness & Loss

<input type="checkbox"/> Sad	<input type="checkbox"/> Hurt	<input type="checkbox"/> Lonely
<input type="checkbox"/> Disappointed	<input type="checkbox"/> Discouraged	<input type="checkbox"/> Grieving
<input type="checkbox"/> Empty	<input type="checkbox"/> Hopeless	<input type="checkbox"/> Rejected

## Anger & Irritation

<input type="checkbox"/> Angry	<input type="checkbox"/> Mad	<input type="checkbox"/> Annoyed
<input type="checkbox"/> Irritated	<input type="checkbox"/> Resentful	<input type="checkbox"/> Furious
<input type="checkbox"/> Bitter	<input type="checkbox"/> Defensive	<input type="checkbox"/> Impatient



### Shame & Self-Doubt

<input type="checkbox"/> Ashamed	<input type="checkbox"/> Guilty
<input type="checkbox"/> Embarrassed	<input type="checkbox"/> Insecure
<input type="checkbox"/> Unworthy	<input type="checkbox"/> Humiliated
<input type="checkbox"/> Self-conscious	<input type="checkbox"/> Regretful

### Growth & Resilience

<input type="checkbox"/> Brave	<input type="checkbox"/> Determined	<input type="checkbox"/> Curious
<input type="checkbox"/> Empowered	<input type="checkbox"/> Prepared	<input type="checkbox"/> Open-minded
<input type="checkbox"/> Optimistic	<input type="checkbox"/> Ready for Change	<input type="checkbox"/> Resilient

### Body Sensations

<input type="checkbox"/> Tight chest	<input type="checkbox"/> Fast heartbeat
<input type="checkbox"/> Headache	<input type="checkbox"/> Tense muscles
<input type="checkbox"/> Butterflies in stomach	<input type="checkbox"/> Low energy
<input type="checkbox"/> Feeling heavy	<input type="checkbox"/> Restless
<input type="checkbox"/> Warm face	<input type="checkbox"/> Shaky hands

### Thoughts

<input type="checkbox"/> I can't do this.
<input type="checkbox"/> Something bad will happen.
<input type="checkbox"/> Nobody understands me.
<input type="checkbox"/> I am not good enough.
<input type="checkbox"/> I can handle this.
<input type="checkbox"/> One step at a time.
<input type="checkbox"/> I have overcome difficult things before.

### Actions / Behaviors

<input type="checkbox"/> Cry	<input type="checkbox"/> Sleep
<input type="checkbox"/> Avoid people	<input type="checkbox"/> Talk to someone
<input type="checkbox"/> Go for a walk	<input type="checkbox"/> Listen to music
<input type="checkbox"/> Journal	<input type="checkbox"/> Exercise
<input type="checkbox"/> Take a break	<input type="checkbox"/> Ask for help



### Social Feelings

<input type="checkbox"/> Accepted	<input type="checkbox"/> Included
<input type="checkbox"/> Ignored	<input type="checkbox"/> Misunderstood
<input type="checkbox"/> Judged	<input type="checkbox"/> Respected
<input type="checkbox"/> Left out	<input type="checkbox"/> Seen
<input type="checkbox"/> Heard	<input type="checkbox"/> Valued

### Energy Levels

<input type="checkbox"/> Energized	<input type="checkbox"/> Tired
<input type="checkbox"/> Exhausted	<input type="checkbox"/> Motivated
<input type="checkbox"/> Drained	<input type="checkbox"/> Rested
<input type="checkbox"/> Sluggish	<input type="checkbox"/> Alert
<input type="checkbox"/> Burned out	<input type="checkbox"/> Ready to start

### Sensory Experiences

<input type="checkbox"/> Overstimulated	<input type="checkbox"/> Comfortable
<input type="checkbox"/> Relaxed	<input type="checkbox"/> Distracted by noise
<input type="checkbox"/> Sensitive to light	<input type="checkbox"/> Needing quiet
<input type="checkbox"/> Needing movement	<input type="checkbox"/> Calm in my space
<input type="checkbox"/> Crowded	<input type="checkbox"/> Safe

### Relationship Feelings

<input type="checkbox"/> Supported	<input type="checkbox"/> Appreciated
<input type="checkbox"/> Disconnected	<input type="checkbox"/> Trusted
<input type="checkbox"/> Safe with someone	<input type="checkbox"/> Needing space
<input type="checkbox"/> Needing connection	<input type="checkbox"/> Confused by someone
<input type="checkbox"/> Let down	<input type="checkbox"/> Encouraged

### Life Skills & Growth

<input type="checkbox"/> Capable	<input type="checkbox"/> Independent
<input type="checkbox"/> Successful	<input type="checkbox"/> Challenged
<input type="checkbox"/> Learning	<input type="checkbox"/> Practicing patience
<input type="checkbox"/> Taking responsibility	<input type="checkbox"/> Problem-solving
<input type="checkbox"/> Building confidence	<input type="checkbox"/> Trying again



### Support Needs

<input type="checkbox"/> Someone to listen	<input type="checkbox"/> Help making a plan
<input type="checkbox"/> A quiet space	<input type="checkbox"/> Encouragement
<input type="checkbox"/> Clear instructions	<input type="checkbox"/> Time to cool down
<input type="checkbox"/> A break from the situation	<input type="checkbox"/> Help naming my feelings
<input type="checkbox"/> Reassurance	<input type="checkbox"/> Practical help with a task

### Coping Strategies

<input type="checkbox"/> Take three slow breaths	<input type="checkbox"/> Drink water
<input type="checkbox"/> Step outside	<input type="checkbox"/> Stretch
<input type="checkbox"/> Write down my thoughts	<input type="checkbox"/> Talk to a trusted person
<input type="checkbox"/> Use positive self-talk	<input type="checkbox"/> Listen to calming music
<input type="checkbox"/> Do one small task	<input type="checkbox"/> Practice gratitude

### Today's Next Step

<input type="checkbox"/> Ask for help	<input type="checkbox"/> Take a break
<input type="checkbox"/> Apologize or repair	<input type="checkbox"/> Set a boundary
<input type="checkbox"/> Try again	<input type="checkbox"/> Complete one small task
<input type="checkbox"/> Rest	<input type="checkbox"/> Practice a coping strategy
<input type="checkbox"/> Talk about what happened	<input type="checkbox"/> Celebrate progress

### Daily Check-In

**Date:** \_\_\_\_\_

**Mood Today:**

😊  😐  😞

Intensity (circle or check):

1  2  3  4  5  6  7  8  9  10

### Triggers / What led to this?

<input type="checkbox"/> Conflict with someone	<input type="checkbox"/> School/work stress
<input type="checkbox"/> Change in plans	<input type="checkbox"/> Feeling left out
<input type="checkbox"/> Sensory overload	<input type="checkbox"/> Lack of sleep
<input type="checkbox"/> Hunger	<input type="checkbox"/> Big emotions from earlier
<input type="checkbox"/> Social situation	<input type="checkbox"/> Something unexpected
<input type="checkbox"/> Other: _____	



## Thinking Patterns

Check any thought patterns that showed up:

<input type="checkbox"/> Worst-case thinking	<input type="checkbox"/> Overgeneralizing (“always/never”)
<input type="checkbox"/> Mind reading	<input type="checkbox"/> Self-blame
<input type="checkbox"/> All-or-nothing thinking	<input type="checkbox"/> Negative self-talk
<input type="checkbox"/> Comparing myself to others	

## What Helped?

Afterward, what helped even a little?

<input type="checkbox"/> Talking to someone	<input type="checkbox"/> Taking a break
<input type="checkbox"/> Movement / exercise	<input type="checkbox"/> Breathing
<input type="checkbox"/> Time passing	<input type="checkbox"/> Distraction
<input type="checkbox"/> Solving the problem	<input type="checkbox"/> Nothing helped yet

## What Might I Need?

<input type="checkbox"/> Rest	<input type="checkbox"/> Safety
<input type="checkbox"/> Understanding	<input type="checkbox"/> Connection
<input type="checkbox"/> Independence	<input type="checkbox"/> Structure / routine
<input type="checkbox"/> Fun / play	<input type="checkbox"/> Achievement
<input type="checkbox"/> Quiet	<input type="checkbox"/> Support

## Guided Reflection

### Reflect:

- What happened?
- Who was there? What triggered it?

### Observe:

- What did I feel in my body?
- What thoughts showed up?

### Open:

- What would help right now?
- Who can support me?

### Thrive:

- One small, realistic step today:



### Patterns I Notice Over Time

<input type="checkbox"/> Same trigger shows up often	<input type="checkbox"/> Same thoughts repeat
<input type="checkbox"/> Same coping works	<input type="checkbox"/> My reactions are changing
<input type="checkbox"/> I am improving	

### ROOT Reflection

Reflect: What happened?

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Observe: What am I noticing in my thoughts, feelings, body, and behaviour?

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Open: What support, strategy, or perspective might help?

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Thrive: What is one small step I can take today?

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### Summary

This worksheet brings together feelings, body signals, thoughts, behaviors, triggers, support needs, coping strategies and next steps in one place.

Over time, completed worksheets can help reveal patterns, such as common triggers, repeated thoughts, helpful support and coping strategies that work best. The final goal is to choose one realistic action for today, celebrate progress and continue building awareness, resilience and personal growth.

If completing this worksheet brought up strong emotions, pause and use a grounding strategy, speak with a trusted support person or connect with an appropriate professional. Progress can be small, and each check-in can help support reflection, emotional awareness, self-understanding and personal growth.