

## Reality Distortion Checklist:

### A Self-Audit Tool for Emotional Clarity & Pattern Tracking

#### Event Snapshot

**Date / Time:**

**Who was involved:**

**What happened:** (just observable facts – quotes, actions, tone, etc.)

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#### Emotional & Physical Reactions

**What emotions did I feel?**

*Amazed / Appreciative / Blessed / Calm / Centered / Content / Delighted / Eager / Ecstatic / Encouraged / Excited / Fortunate / Grateful / Happy / Hopeful / Humbled / Inspired / Lucky / Optimistic / Passionate / Present / Refreshed / Relaxed / Satisfied / Thankful / Thrilled / Trusting*

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*Adventurous / Brave / Capable / Confident / Courageous / Daring / Determined / Grounded / Guarded / Powerful / Proud / Resilient / Strong / Worthy*

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*Accepting / Affectionate / Caring / Compassionate / Connected / Curious / Empathetic / Engaged / Fascinated / Fulfilled / Interested / Intrigued / Loving / Present / Safe / Self-Loving / Stimulated / Warm*

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*Aloof / Bored / Confused / Detached / Distant / Disconnected / Disembodied / Empty / Fawning / Frozen / Indifferent / Isolated / Listless / Numb / Resistant / Shut Down / Spaced Out / Uneasy / Withdrawn*

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*Ashamed / Defective / Embarrassed / Guilt / Humiliated / Inadequate / Inhibited / Mortified / Regretful / Remorseful / Self-Conscious / Shame / Sorry / Unlovable / Unwanted / Useless / Weak / Worthless*

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*Burned Out / Cranky / Depleted / Edgy / Exhausted / Frazzled / Hyper-aware / Jittery / Overwhelmed / Punishing / Rattled / Rejecting / Restless / Shaken / Stressed / Weary*

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*Concerned / Defensive / Dissatisfied / Disturbed / Doubtful / Grouchy / Hesitant / Questioning / Reluctant / Rejected / Resigned / Shocked / Skeptical / Suspicious / Ungrounded / Unsettled / Worried*

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*Aggravated / Angry / Annoyed / Bitter / Cynical / Disdainful / Frustrated / Furious / Hostile / Impatient / Irrate / Irritated / Moody / On Edge / Outraged / Pissed / Resentful / Vindictive*

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*Anguished / Depressed / Disappointed / Discouraged / Despairing / Disgusted (with self) / Gloomy / Grieving / Heartbroken / Hopeless / Incapable / Lonely / Longing / Melancholy / Sad / Sorrowful / Teary / Trapped / Unhappy / Upset / Victimized / Yearning*

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*Afraid / Anxious / Apprehensive / Fearful / Fragile / Frightened / Helpless / Hesitant / Nervous / Panicked / Paralyzed / Powerless / Scared / Sensitive / Startled / Terrified / Vulnerable / Worried*

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**Physical Sensations (circle all that apply):** *Achy / Blurred Vision / Breathless / Bruised / Burning Sensation / Buzzy / Chest Tightness / Clammy / Clenched / Cold / Cotton Mouth / Contracted / Derealization / Disconnection from Body / Dizzy / Dry Mouth / Edema / Electric / Empty / Excessive Cold Chills / Excessive Sweating / Expanding / Eye Twitching / Fever / Fluid / Fluttery / Frozen / Goosebumps / Grinding Teeth / Gut Pain / Headache / Heart Palpitations / Heavy / Hollow / Hot / Hunger / Hyperactive / Icy / Itchy / Jaw Tension / Jumpy / Lethargic / Light / Loose / Lump in Throat / Muscle Twitching / Nauseous / Neck Pain / Numb (Physically) / Pain / Prickly / Pulsing in Body / Radiating / Relaxed / Restless Legs / Rigid / Sensitive / Shaky / Shivery / Skin Crawling / Slumped Posture / Slow Moving / Sore / Stiff / Still / Stomach Cramps / Suffocated / Sweaty / Sweaty Palms / Teary Eyes / Tender / Tense / Throat Tightness / Tight / Tingling / Tingling in Spine / Tics / Tunnel Vision / Twitchy / Urge to Flee / Vibrating / Warm / Wobbly / Yawning Excessively / Physically Zoning Out*

*(This resource was created by a person with lived experience for informational and personal use only. It is not a substitute for professional mental health care or medical advice. Always consult a qualified professional regarding your health and well being.)*

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## **Intense Reactions**

*Examples: Meltdowns / Violent Outbursts / Self-Harm / Destroying Property or Objects*

- **What happened?** *(Describe the behavior or reaction)*
  - **What triggered it?** *(Person, situation, sensory input, internal pressure, etc.)*
  - **How intense was it?** *(Low / Moderate / High / Extreme)*
  - **How long did it last?** *(Estimate time or note if it came in waves)*
  - **What was the impact?** *(Any damage, physical effects, emotional toll, or shifts in relationships)*
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## **Immediate Meaning-making of Event**

**What did I tell myself this meant?** *(e.g., “They’re trying to control me,” “They don’t respect me,” etc.)*

**Did I react or respond in the moment?** *(Did I say something, withdraw, spiral, etc.?)*

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## **Audit the Evidence**

**What’s the evidence supporting my interpretation?** *(e.g., “They said XYZ in a certain tone.”)*

**What’s the evidence challenging it or pointing to other possibilities?** *(e.g., “They asked a question, didn’t make a demand.”)*

**What are some other possible explanations?** *(Write them down – even if they feel unlikely.)*

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## **Behavior Pattern Check**

**What does this remind me of?** *(old trauma, relationships, family, etc.):*

**Have I had similar reactions in the past?** *(List past situations, people, or dates if helpful.)*

**Did I feel the same way with this person last time? What happened then?**

**Was my reaction later confirmed or corrected by evidence? How did I find out?**

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## **Re-calibrate & Repair**

**What do I believe about this now — after reflection?**

**Do I owe anyone (myself or them) a boundary or a repair?**

**What can I try differently next time?**

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