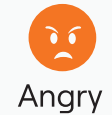
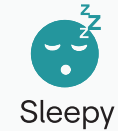
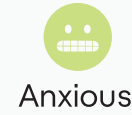


Name: _____

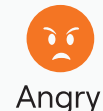
Better
The same
Worse



Date	Time	I'm feeling: (circle the face that matches how you feel)	I tried: (write name of activity)	After the activity I felt: (circle all that apply)	That activity made me feel: (circle one answer)
					+ ● -
					+ ● -
					+ ● -
					+ ● -
					+ ● -
					+ ● -
					+ ● -
					+ ● -

Name: _____

Better
The same
Worse



Date	Time	I'm feeling: (circle the face that matches how you feel)	I tried: (write name of activity)	After the activity I felt: (circle all that apply)	That activity made me feel: (circle one answer)
Monday	8am		Brushing teeth with a vibrating toothbrush		<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Tuesday	4pm		Wearing noise-canceling headphones		<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Wednesday	7pm		Carrying a full laundry basket		<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Thursday	7am		Riding bike		<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Friday	12pm		Applying scented lip balm		<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Saturday	8am		Brushing teeth with a vibrating toothbrush		<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Sunday	4pm		Using calming sensory bottles		<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>