

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) |
|------|------|---|--------------------------------------|---|--|
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Name: _____

Better
The same
Worse



 Overexcited

 Anxious

 Sleepy

 Angry

 Calm

| 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 |      |    |
| Tuesday | 4pm |      | Wearing noise-canceling headphones |      |    |
| Wednesday | 7pm |      | Carrying a full laundry basket |      |    |
| Thursday | 7am |      | Riding bike |      |    |
| Friday | 12pm |      | Applying scented lip balm |      |    |
| Saturday | 8am |      | Brushing teeth with a vibrating toothbrush |      |    |
| Sunday | 4pm |      | Using calming sensory bottles |      |    |