Day 1 | Date: Name: Age:

What interactions did you have today?

When did you feel good?

When did you not feel good?

When did you feel safe?

When did you feel unsafe?

BUTTERFLY WORKS

Day 2 | Date: Name: Age:



What interactions did you have today?





When did you feel good?



When did you not feel good?



When did you feel safe?



When did you feel unsafe?

BUTTERFLY WORKS

Day 3 | Date: Name: Age:

What interactions did you have today?

When did you feel good?

When did you not feel good?

When did you feel safe?

When did you feel unsafe?

BUTTERFLY WORKS

Day 4 | Date: Name: Age:

What interactions did you have today?

When did you feel good?

When did you not feel good?

When did you feel safe?

When did you feel unsafe?

BUTTERFLY WORKS

Day 5 | Date: Name: Age:



What interactions did you have today?





When did you feel good?



When did you not feel good?



When did you feel safe?



When did you feel unsafe?

BUTTERFLY WORKS

Day 6 | Date: Name: Age:

What interactions did you have today?

When did you feel good?

When did you not feel good?

When did you feel safe?

When did you feel unsafe?

BUTTERFLY WORKS

Day 7 | Date: Name: Age:

What interactions did you have today?

When did you feel good?

When did you not feel good?

When did you feel safe?

When did you feel unsafe?

BUTTERFLY WORKS