

# What makes me tic?

Circle what you think

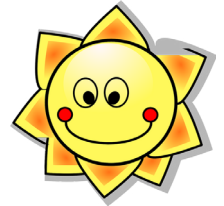
Name \_\_\_\_\_ Date \_\_\_\_\_



**Computer or tablet**



**Food or drink**



**Sunlight**



**Swimming pool**



**Being in school**



**Reading**



**Car or bus rides**



**Feeling sick**

What else?

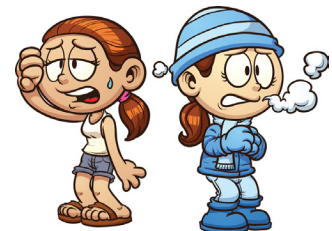


**Clothes**

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**Too hot or too cold**



**Allergies**



**Watching TV**