

Daily Log for Tic Triggers

Name _____

Date _____

Symptoms on waking _____

Breakfast _____

Symptoms after breakfast _____

Morning snack _____

Lunch _____

Afternoon symptoms _____

Overall tic level 1 2 3 4

Afternoon snack _____

Dinner/Late snack _____

Symptoms before bed _____

*Toxic or allergic exposures, medications, amount
of screen time, activities, illness, special circumstances*

Comments _____

Overall behavior 1 2 3 4