

Frustration Tracker

Child's Name: _____ Month/Year: _____

Timing	Setting	Signs of Frustration	Outcome/Strategies
<ul style="list-style-type: none"> • Time of day • Day of week • Date 	<ul style="list-style-type: none"> • Where was your child right before the frustration began? • What was your child doing? (Getting ready for school, waiting in line at the store, etc.) • Who else was around? 	<p>How could you tell your child was getting frustrated?</p> <ul style="list-style-type: none"> • Physical signs (stomping feet, clenching fists, etc.) • Verbal signs (words used, tone of voice) 	<ul style="list-style-type: none"> • How did your child calm down after getting frustrated? • Did anyone try any strategies to keep things from escalating? • Any ideas from you or your child on how to help next time?

Frustration Pattern Finder

Child's Name: _____ Month/Year: _____

Use this worksheet to look for patterns in your child's frustrations. Look at the details you've logged recently in your child's frustration tracker. Two to three weeks of entries may be enough to help you spot some trends. Filling out this worksheet can also help you look for ways to reduce your child's frustrations.

Timing	Setting	Activities
<p>When does your child tend to get frustrated?</p> <p><input type="checkbox"/> In the morning before school</p> <p><input type="checkbox"/> At school</p> <p><input type="checkbox"/> After school before dinner</p> <p><input type="checkbox"/> After dinner before bedtime</p> <p><input type="checkbox"/> Around mealtimes</p> <p><input type="checkbox"/> Bedtime</p> <p><input type="checkbox"/> Other: _____</p>	<p>Where does your child tend to get frustrated?</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Other indoor places (stores, restaurants, etc.)</p> <p><input type="checkbox"/> Outdoors (playgrounds, etc.)</p> <p><input type="checkbox"/> Transitioning from one place to another</p> <p><input type="checkbox"/> Other: _____</p>	<p>What does your child tend to be doing just before the frustration begins?</p> <p><input type="checkbox"/> Getting ready for school</p> <p><input type="checkbox"/> Leaving home or coming home</p> <p><input type="checkbox"/> Starting homework</p> <p><input type="checkbox"/> Playing with friends</p> <p><input type="checkbox"/> Ending an enjoyable activity (sports, TV, video games, etc.)</p> <p><input type="checkbox"/> Getting ready to eat</p> <p><input type="checkbox"/> Getting ready for bed</p> <p><input type="checkbox"/> Other: _____</p>
Other People	Reactions to Your Child's Behavior	Other Factors
<p>Who else tends to be around when your child gets frustrated?</p> <p><input type="checkbox"/> Mom</p> <p><input type="checkbox"/> Dad</p> <p><input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> Sibling(s): _____</p> <p><input type="checkbox"/> Other kid(s): _____</p> <p><input type="checkbox"/> Other caregiver(s): _____</p> <p><input type="checkbox"/> Pet(s): _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>As your child starts to get frustrated, how do other people's responses make the situation better or worse?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>What else might be contributing to your child's frustration?</p> <p><input type="checkbox"/> Trouble sleeping</p> <p><input type="checkbox"/> New baby at home</p> <p><input type="checkbox"/> Sick relative</p> <p><input type="checkbox"/> TV very loud and/or always on</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>

Frustration Outreach & Support

Child's Name: _____ Month/Year: _____

Many parents feel alone in trying to help their child learn to handle frustration. But there are people in your child's life—like teachers, coaches, doctors and school nurses—who can help you look for patterns and brainstorm solutions. Use this log to keep track of the questions you want to ask and the responses you receive. And keep in mind that it takes time to change a child's behavior. There will be ups and downs, but taking notes and seeking advice will help.

Date I thought of this question: _____

Person I plan to ask: _____

Question: _____

Date submitted: _____ Via: ☐ Phone ☐ Text ☐ Email ☐ Meeting

Date I got a response: _____

Response: _____

Recommended strategy: _____

Date I thought of this question: _____

Person I plan to ask: _____

Question: _____

Date submitted: _____ Via: ☐ Phone ☐ Text ☐ Email ☐ Meeting

Date I got a response: _____

Response: _____

Recommended strategy: _____

Date I thought of this question: _____

Person I plan to ask: _____

Question: _____

Date submitted: _____ Via: ☐ Phone ☐ Text ☐ Email ☐ Meeting

Date I got a response: _____

Response: _____

Recommended strategy: _____
