**Concentration Checklist**

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| --- | --- |
| **Internal Distractions** | **External Distractions** |
| **Distraction** | **Does this bother me?** | **Can I control it? Y/N** | **How can I control it?** | **Distraction** | **Does this bother me?** | **Can I control it? Y/N** | **How can I control it?** |
| **Hunger** |  |  |  | **Noise** |  |  |  |
| **Thirst** |  |  |  | **Temperature** |  |  |  |
| **Tiredness** |  |  |  | **Lighting** |  |  |  |
| **Boredom** |  |  |  | **Comfort** |  |  |  |
| **Lack of interest** |  |  |  | **Interruptions** |  |  |  |
| **Worries** |  |  |  | **TV** |  |  |  |
| **Dislike** |  |  |  | **Other people** |  |  |  |
| **Anxiety** |  |  |  | **Cell phone** |  |  |  |
| **Daydreaming** |  |  |  | **Computer** |  |  |  |