

Alphabet Butter 30 Day Study

A voluntary 30-day observational study

Participant & Contact Information

Name of person completing this form:

Relationship to person using the butter as part of the study:

Age of person using the butter:

Contact Email:

Contact Phone Number:

Permission to contact regarding this study?

Yes No

BEFORE THE STUDY

Current Symptoms

Please list any symptoms, concerns, or challenges currently being experienced. Please keep information general and avoid including private medical information. Participation is voluntary.

Desired Improvements / Goals

Please describe the areas you hope may improve during the study.

Examples may include:

- Decrease in tics
 - Mood stability
 - Improved sleep
 - Reduced anxiety
 - Reduced depression symptoms
 - Reduced anger or aggressive outbursts
 - Improved eating habits
 - Reduced transitional anxiety
 - Improved focus or emotional regulation
 - Any other desired outcomes
-
-
-
-
-
-
-
-

DAILY TRACKING CALENDAR

Emotion / Symptom Tracking Key

Participants may draw, write, or drag an icon into each daily box.

- 😊 = Great Day / Positive Mood
 - 🙂 = Good Day / Mild Improvement
 - 😐 = Neutral / No Major Changes
 - 😞 = Difficult Day / Increased Symptoms
 - 😫 = Fatigue / Sleep Issues
 - 😡 = Irritability / Aggression
 - 🧠 = Anxiety / Overstimulation
 - ★ = Significant Improvement
 - ✗ = Missed Day
-

IMPORTANT

Daily and consistent use is strongly encouraged throughout the 30-day study. Five additional makeup days have been included for missed days if needed.

30 Day Tracking Grid

Day	Tracking	Day	Tracking	Day	Tracking	Day	Tracking	Day	Tracking
Day 1	<input type="checkbox"/>	Day 8	<input type="checkbox"/>	Day 15	<input type="checkbox"/>	Day 22	<input type="checkbox"/>	Day 29	<input type="checkbox"/>
Day 2	<input type="checkbox"/>	Day 9	<input type="checkbox"/>	Day 16	<input type="checkbox"/>	Day 23	<input type="checkbox"/>	Day 30	<input type="checkbox"/>
Day 3	<input type="checkbox"/>	Day 10	<input type="checkbox"/>	Day 17	<input type="checkbox"/>	Day 24	<input type="checkbox"/>	Extra 1	<input type="checkbox"/>
Day 4	<input type="checkbox"/>	Day 11	<input type="checkbox"/>	Day 18	<input type="checkbox"/>	Day 25	<input type="checkbox"/>	Extra 2	<input type="checkbox"/>
Day 5	<input type="checkbox"/>	Day 12	<input type="checkbox"/>	Day 19	<input type="checkbox"/>	Day 26	<input type="checkbox"/>	Extra 3	<input type="checkbox"/>
Day 6	<input type="checkbox"/>	Day 13	<input type="checkbox"/>	Day 20	<input type="checkbox"/>	Day 27	<input type="checkbox"/>	Extra 4	<input type="checkbox"/>
Day 7	<input type="checkbox"/>	Day 14	<input type="checkbox"/>	Day 21	<input type="checkbox"/>	Day 28	<input type="checkbox"/>	Extra 5	<input type="checkbox"/>

DAILY JOURNAL PAGES

Daily Observation Log

Day: _____

Morning

Mood / Energy / Sleep / Symptoms / Notes:

Afternoon

Mood / Eating / Focus / Behavior / Notes:

Evening

Mood / Behavior / Sleep Prep / Overall Notes:

Daily Observation Log

Day: _____

Morning

Mood / Energy / Sleep / Symptoms / Notes:

Afternoon

Mood / Eating / Focus / Behavior / Notes:

Evening

Mood / Behavior / Sleep Prep / Overall Notes:

Daily Observation Log

Day: _____

Morning

Mood / Energy / Sleep / Symptoms / Notes:

Afternoon

Mood / Eating / Focus / Behavior / Notes:

Evening

Mood / Behavior / Sleep Prep / Overall Notes:

Daily Observation Log

Day: _____

Morning

Mood / Energy / Sleep / Symptoms / Notes:

Afternoon

Mood / Eating / Focus / Behavior / Notes:

Evening

Mood / Behavior / Sleep Prep / Overall Notes:

Daily Observation Log

Day: _____

Morning

Mood / Energy / Sleep / Symptoms / Notes:

Afternoon

Mood / Eating / Focus / Behavior / Notes:

Evening

Mood / Behavior / Sleep Prep / Overall Notes:

Continue Daily Observation Log Pages Through Day 30

(Repeat the same journal page format for all 30 days.)

Voluntary Participation Disclosure & Agreement

This 30-day study is completely voluntary. Participants may discontinue participation at any time, for any reason, without penalty.

This study is not intended to diagnose, treat, cure, or prevent any disease or medical condition. Information collected is observational only and is intended to help create a general overview regarding participant experiences and perceived effectiveness of the product.

Participants are encouraged to avoid sharing private or protected medical information. Any information submitted will be kept confidential and will not be publicly shared in a personally identifiable manner.

Participants are not being paid to participate in this study. However, upon completion of the full 30-day study and submission of the completed forms, participants may choose one of the following:

- A refund of the product purchase price (excluding shipping costs), OR
- Store credit equal to the product purchase price.

By signing below, the participant acknowledges that participation is voluntary and confirms understanding of the information above.

Participant Signature:

Date:
