

Awake States with Stress Responses

GREEN ZONE Just Right/Alert	<p><u>EYES</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Bright, shiny eyes <input type="checkbox"/> Looks directly at people, objects <input type="checkbox"/> Looks away for breaks, then returns to eye contact <input type="checkbox"/> Seems alert, takes in information <p><u>FACE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Smiles, shows joy <input type="checkbox"/> Neutral <input type="checkbox"/> Can express all emotions <p><u>VOICE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Laughing <input type="checkbox"/> Tone changes 	<p><u>BODY</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Relaxed with good muscle tone <input type="checkbox"/> Stable, balanced and coordinated movements <input type="checkbox"/> Infant moves arms and legs toward centre of the body <input type="checkbox"/> Infant molds body into a caregiver when held <input type="checkbox"/> Moves faster or slower depending on environment <p><u>RHYTHM/RATE OF MOVEMENT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Changes smoothly to respond to the environment <input type="checkbox"/> Movements not too fast or too slow
RED ZONE Too Fast/Gas Pedal	<p><u>EYES</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Open, squinted or closed eyes <input type="checkbox"/> May have direct, intense eye contact <input type="checkbox"/> May avoid eye contact <input type="checkbox"/> Eyes roll upward <input type="checkbox"/> Eyes look quickly around the room <p><u>FACE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Wide, open mouth <input type="checkbox"/> Anger, disgust <input type="checkbox"/> Frown, grimace <input type="checkbox"/> Fake, forced smile <input type="checkbox"/> Clenched jaw or teeth <p><u>VOICE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> High-pitched crying, yelling or screaming <input type="checkbox"/> Loud 	<ul style="list-style-type: none"> <input type="checkbox"/> Hostile or grumpy <input type="checkbox"/> Sarcastic <input type="checkbox"/> Out of control laughing <p><u>BODY</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fingers spread out <input type="checkbox"/> Arched back; tense body position <input type="checkbox"/> Constant motion <input type="checkbox"/> Demands space by pushing, shoving, and getting into others' space <input type="checkbox"/> Biting, hitting, kicking, jumping, throwing <input type="checkbox"/> Bumps into things, falls <input type="checkbox"/> Threatening gestures (shakes finger or fist) <p><u>RHYTHM/RATE OF MOVEMENT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fast movements <input type="checkbox"/> Impulsive movements
BLUE ZONE Too Slow/Brake	<p><u>EYES</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Glazed-glassy eyes (looks through rather than at) <input type="checkbox"/> Looks away for a long time, looks down <input type="checkbox"/> Seems drowsy/tired <input type="checkbox"/> Does not look around the room for interesting items <input type="checkbox"/> Looks at things more than people <p><u>FACE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Flat/blank <input type="checkbox"/> Mouth turned down, sad <input type="checkbox"/> No smiles or hints of smiles <input type="checkbox"/> Few emotions shown <p><u>VOICE</u></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Flat <input type="checkbox"/> Makes few to no sounds <input type="checkbox"/> Sounds cold, soft, sad, too quiet <p><u>BODY</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Slumped/slouching <input type="checkbox"/> Low muscle tone <input type="checkbox"/> Little or no exploring play or curiosity <input type="checkbox"/> Wanders <input type="checkbox"/> Frozen or slow-moving <p><u>RHYTHM/RATE OF MOVEMENT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Slow movements <input type="checkbox"/> Slow to start moving
COMBO ZONE Fast & Jerkv/Gas & Brake	<p><u>EYES</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Wide open eyes <input type="checkbox"/> Looks around as if worried or scared <input type="checkbox"/> Stares at things <input type="checkbox"/> Rolling of the eyes <p><u>FACE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Raised eyebrows <input type="checkbox"/> Furrowed brow <input type="checkbox"/> Trembling lips or mouth <input type="checkbox"/> Fake, forced grin <input type="checkbox"/> Mouth wide open <input type="checkbox"/> Startled expression <p><u>VOICE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> High-pitched, nasal, sing-song voice 	<ul style="list-style-type: none"> <input type="checkbox"/> Moans or groans in pain <input type="checkbox"/> Whimpers <input type="checkbox"/> Wobbly/quivering voice or fast changes <p><u>BODY</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Tense or rigid posture <input type="checkbox"/> Cowers or hides <input type="checkbox"/> Fast, repetitive movements (wrigs hands, shakes foot) <input type="checkbox"/> Trembling hands <input type="checkbox"/> Clings, grabs <input type="checkbox"/> Flails around <p><u>RHYTHM/RATE OF MOVEMENT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fast movements <input type="checkbox"/> Jerkv movements