



h.i.p.
pocket
change™
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Name _____

Invention Observation

My selected invention: _____

Directions: For the next 24 hours, observe how your selected invention impacts your life. Answer the following questions in complete sentences.

1. Use the space below to keep a tally of how many times you used the invention. Include a description of at least one specific experience.

2. Does this invention make your life more convenient? How?

3. In what situations did you find yourself using the invention most?

4. Would you consider yourself dependent on this invention? Why or why not?

5. Predict how difficult it would be to avoid using this invention for one day.
