NEGATIVE INTERACTION REVIEW

Day of the week: _____ **Time of the day:** _____

Event: _____

➤ What is my version of what happened?

➤ What do I imagine is the other person's version of what happened?

➤ What did I say and do that I wish I had said/done differently (or that I wish I hadn't said or done at all)?

➤ What were my physical cues and stress thoughts?

➤ The intensity of my emotional state was: LOW 1 2 3 4 5 6 7 8 9 10 HIGH

➤ The intensity of my communication was: LOW 1 2 3 4 5 6 7 8 9 10 HIGH

➤ My satisfaction with my handling of this interaction is: LOW 1 2 3 4 5 6 7 8 9 10 HIGH

➤ What internal emotions and or beliefs was I reacting to?

➤ If I could have a "do-over" how would I behave differently?

➤ What am I going to do to amend the situation?