NEGATIVE INTERACTION REVIEW

Day of the week:	Time	of t	ie day	/:						
Event:										
➤ What is my version of what happened?										
➤ What do I imagine is the other person's version of what happened	d?									
➤ What did I say and do that I wish I had said/done differently (or	that I wish I ha	ıdn't	said	or c	lone	at a	all)?			
➤ What were my physical cues and stress thoughts?										
➤ The intensity of my emotional state was:	LOW				5	6	7	8	9	10 нідн
➤ The intensity of my communication was:	LOW	1 2	3	4	5	6	7	8	9	10 ніgн
➤ My satisfaction with my handling of this interaction is:	LOW	1 2	3	4	5	6	7	8	9	10 нісн
➤ 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?										

