

# NEGATIVE INTERACTION REVIEW

Day of the week: \_\_\_\_\_ Time of the day: \_\_\_\_\_

Event: \_\_\_\_\_

➤ What is my version of what happened?

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

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➤ 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)?

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➤ What were my physical cues and stress thoughts?

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➤ 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?

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

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

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