

# Emotional Interference Form

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Please record performance situations that occurred during the past week, the emotion(s) experienced, the degree to which these emotions interfered with performance, and how these emotions interfered with performance.

SITUATION OR EVENT	EMOTION EXPERIENCED RATE INTENSITY 0 = NONE 10 = EXTREME	PERFORMANCE INTERFERENCE RATE DEGREE 0 = NONE 10 = EXTREME	WHAT HAPPENED?	FUTURE PLANS (IF-THEN)