



Emotion and Performance Interference Form

Initials _____ 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	Emotion <i>Rate Intensity</i> 0=none 10 = extreme	Performance Interference <i>Rate Intensity</i> 0 = none 10 = extreme	What Happened?