Daily Connections © Robert Gregory v.4.22.22

<u>Interaction</u>: For each day of the week, briefly describe a <u>specific interaction</u> you had with another person that day. Choose the interaction that caused you to have the strongest reaction, either positive or negative, regardless of the time of day. As time permits, expand on this interaction in your journal.

Specific emotions: Rate each of the emotions that you had <u>during that interaction</u> from 0 (emotion did not occur) to 4 (very strong emotional reaction). Also, list any other emotions (see back of sheet).

Date of first entry:

		Specific emotions Shame Relief Fear Anger Other					
Day	Interaction	Shame 0-4	Relief 0-4	Fear 0-4	Anger 0-4	Other (list)	
Mon		O I	0 1	0 1	0 1	(HSt)	
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Emotions List

