

General Information

Date: _____ Time: _____

Where are you right now? _____

Activity / Task

Start: _____ End: _____

Which steps did you carry out?

What problems did you encounter during interaction? What annoyed you?

What made you happy? What did you notice that was positive?

Overall evaluation of today's interaction

unsatisfied ☐ ☐ ☐ ☐ ☐ satisfied