CONTROL LOG

NAME:_____

DATE:_____

1. ACTIONS: Briefly describe the situation and the actions you used to control the other person (statements, gestures, tone of voice, physical contact, facial expressions)._____

_____

_____

2. INTENTS AND BELIEFS: What did you want to happen in this situation?

_____

_____

WHAT beliefs do you have that support your actions and intents?:

_____

_____

_____

3. FEELINGS: What feelings were you having?_____

_____

_____

4. MINIMIZATION< DENIAL AND BLAME: In what ways did you minimize, deny or blame someone else for your actions?

_____

_____

_____

5. EFFECTS: What was the impact of your actions?

On you:_____

On the other person:_____

On Others:_____

7. NON-CONTROLLING BEHAVIORS: What could you have done differently?

_____

_____

_____