Decision No: ____________________________

Date: ____________________________

Time: ____________________________

Decision: ____________________________

Mental/Physical State (check boxes)

Energized    ☐   Focused    ☐   Relaxed    ☐
Confident    ☐   Tired    ☐   Accepting    ☐
Accomodating    ☐   Anxious    ☐   Resigned    ☐
Frustrated    ☐   Angry    ☐

The situation/context:

The problem statement or frame:

The variables that govern the situation include:
The complications/complexities as I see them:

Alternatives that were seriously considered and not chosen were:

Explain the range of outcomes:

What I expect to happen and the actual probabilities are:

The outcome:

Review Date (6 months after decision date): _________________
What happened and what I learned: