

Interruptions Assessment

Date: _____

Type of Interruption	Time	Description of Interruption	Valid? Y/N	Urgent?Y/N	Impact on Your Work
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					

Interruptions Assessment

Type of Interruption	Time	Description of Interruption	Valid? Y/N	Urgent?Y/N	Impact on Your Work
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Dropin: _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____					