

ANGER LOG

Use this form to describe a situation that brought up any type of angry feeling. An angry feeling may be anything from mild annoyance to rage.

Trigger

Describe the event that led to your anger (who, what, where and when)

How intense was your anger in this situation?

0 10 20 30 40 50 60 70 80 90 100
None Mild Moderate Strong Overpowering

How long did your anger last? ___ minutes ___ hours ___ days

Thoughts/Appraisals

(Place a check next to each thought that you had)

- Demandingness** -I thought the other person should have acted differently
- Labeling Other** -I thought the other person was “bad,” “worthless,” “an idiot.”
- Labeling Self**- I thought I was less important or worthwhile.
- Catastrophizing/Awfulizing** -I thought this was one of the worst things that could be occurring
- Low frustration tolerance**- I thought I could not handle or deal with this situation.
- Misattributions** - I thought this person had said or done something to intentionally bother or hurt me
- Overgeneralizing**- I thought this “always,” “every,” “never,” happens.
- Other** _____

What physical Sensations did you experience?

- Muscle Tension Fluttering in stomach Indigestion Rapid Heart Rate
- Nausea Adrenalin Rush Headache Rapid Breathing
- Upset Stomach Tingling Sensations Flushing Dizziness
- Trembling Sweating Other _____

Action Urges

Describe your urges and impulses to react in this situation:

Confront Withdraw Resolve the Problem Other _____

What Emotions did you experience along with the anger?

- | | | | |
|------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Exhausted | <input type="checkbox"/> Depressed | <input type="checkbox"/> Confused | <input type="checkbox"/> Hurt |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Lonely | <input type="checkbox"/> Suspicious | <input type="checkbox"/> Frustrated |
| <input type="checkbox"/> Shame | <input type="checkbox"/> Sad | <input type="checkbox"/> Disappointed | <input type="checkbox"/> Embarrassed |
| <input type="checkbox"/> Desperate | <input type="checkbox"/> Anxious | <input type="checkbox"/> Overwhelmed | <input type="checkbox"/> Numb |
| <input type="checkbox"/> Insecure | <input type="checkbox"/> Resentment | <input type="checkbox"/> Other _____ | |

What Behaviors did you engage in when angry?

(Place a check next to each behavior that occurred during this anger episode)

- Held Anger In** (keep things in and boil; harbor grudge and not tell anyone)
- Indirectly Expressed Anger** (did something secretly harmful to other person-say something bad about the person behind his/her back, give cold shoulder, intentionally ignore what they wanted)
- Outward Expression- Verbal** (Yelled, threatened, argumentative, sarcastic, abusive, nasty remarks)
- Outward Expression- Bodily gestures** (ex-rolling eyes, crossing arms, glaring, frowning, giving stern/hostile look)
- Outward Expression- Against Objects** (broke, threw, slammed or destroyed object)
- Outward Expression- Against Person** (fought, hit, held, kicked or shoved someone)
- Substance Use** (drank alcohol or used other drugs-marijuana, cocaine, etc, misuse of prescription medication)
- Avoidance of Aggression-** (removed oneself from situation before anger explosion/outburst)
- Try to resolve the situation** (ex-compromise, talk through the issue, come to some agreement with with the other person)
- Other** _____

In terms of the outcome of the anger episode, do you believe that:

- The outcome was generally positive*
- The outcome was neutral*
- The outcome had positive and negative features*
- The outcome was generally negative*

Describe why you have rated the outcome in this way. Keep in mind how you could have responded to your feelings of anger differently if the outcome was negative or had negative features.

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