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.

Date:______________ Time:______________ Day of Week: _________________

A. Where were you? __________________________________________________

B. Who were you with? _____________________________________________

Briefly describe what happened:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

How intense was your anger in this situation?

<table>
<thead>
<tr>
<th>0</th>
<th>15</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>65</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Strong</td>
<td>Overpowering</td>
<td></td>
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</tbody>
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How long did your anger last? ____ minutes ____ hours ____ days

Thoughts/Appraisals

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

___ Demandiness (ex- I thought the other person should have acted differently)
___ Global Labeling (ex- I thought the other person was “bad,” “worthless,” “an idiot.”)
___ Catastrophizing (ex- I thought this was one of the worst things that could be occurring)
___ Overgeneralizing (ex- I thought this “always,” “every,” “never,” happening)
___ Polarized (ex- I thought I was completely wrong)
___ Revenge (ex- I thought this person deserves to suffer or be punished)
___ Blame (ex- It was the other person’s fault that I lost control of my anger)
___ Misattributions (ex- I thought this person had said or done something to intentionally bother or hurt me)
___ 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 ____________
What Emotions did you experience along with the anger?

___ Exhausted          ___ Depressed          ___ Confused            ___ Hurt
___ Guilty             ___ Lonely             ___ Suspicious          ___ Frustrated
___ Shame              ___ Sad                ___ Disappointed        ___ Embarrassed
___ Desperate          ___ Anxious            ___ Overwhelmed         ___ Numb
___ Insecure           ___ Resentment         ___ Other ______________

What Behaviors did you engage in when angry?

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

___ Negative Verbalizations (ex-yelling, swearing, arguing, sarcasm, nasty/abusive remarks)
___ Bodily Expressions (ex-rolling eyes crossing arms, glaring, frowning, giving stern look)
___ Passive Retaliation (ex-saying something bad about the person behind his/her back, do something secretly harmful to the other person, give cold shoulder/ignore)
___ Hold Anger In (ex-keep things in and boil; harbor resentment and not tell anyone)
___ Physical Aggression (ex-throw/break object, punch object, hit someone)
___ Substance Use (ex-drink alcohol, smoke marijuana, misuse of prescription medication)
___ 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 final and overall outcome of the anger episode, do you believe that:

___ The overall outcome was generally positive
___ The overall outcome was neutral
___ The overall outcome had positive and negative features
___ The overall 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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