

ANGER DIARY

NAME _____

DATE OF SITUATION _____

SITUATION _____

PEOPLE INVOLVED _____

ISSUE _____

HOW DID YOU HANDLE THE SITUATION? _____

Indicate your responses as #1 for first responses and #2 as a secondary or delayed response:

1. I felt:

bored disappointed

embarrassed guilty

justified trapped

hurt powerless

lonely speechless

frustrated out of control

afraid powerless

sick empty

insecure hopeless

betrayed exhausted

other _____

2. I responded by:

phoning someone pushing

eating slapping

crying problem solving

drinking being sarcastic

watching tv yelling

acting same as other plotting

- | | |
|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> silence | <input type="checkbox"/> reasoning |
| <input type="checkbox"/> hitting | <input type="checkbox"/> humour |
| <input type="checkbox"/> being alone | <input type="checkbox"/> using drugs |
| <input type="checkbox"/> time out | <input type="checkbox"/> ridiculing |
| <input type="checkbox"/> working | <input type="checkbox"/> avoiding |
| <input type="checkbox"/> arguing | <input type="checkbox"/> giving in |
| <input type="checkbox"/> exercising | <input type="checkbox"/> suicidal thoughts |
| <input type="checkbox"/> playing music | <input type="checkbox"/> playing video games |
| <input type="checkbox"/> being cold/indifferent | <input type="checkbox"/> throwing things |

other _____

3. Body/physical responses:

- | | |
|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> tightness in jaw | <input type="checkbox"/> neck tightness |
| <input type="checkbox"/> stomach reacting | <input type="checkbox"/> breathing harder |
| <input type="checkbox"/> tone of voice change | <input type="checkbox"/> yawning |
| <input type="checkbox"/> crying | <input type="checkbox"/> cracked or broken voice |
| <input type="checkbox"/> headache or body aches | <input type="checkbox"/> hands clench |

other _____

4. Examples of self-messages:

- | | |
|---------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Here we go again! | <input type="checkbox"/> This is so stupid! |
| <input type="checkbox"/> This never ends! | <input type="checkbox"/> It is their fault this keeps happening. |
| <input type="checkbox"/> I'm done! | <input type="checkbox"/> What's the point! |
| <input type="checkbox"/> They must get something out of this! | <input type="checkbox"/> You started it! |
| <input type="checkbox"/> They made me do this! | <input type="checkbox"/> I'm not talking about this again. |

other _____

5. How would I have handled it in the past?

6. How could I handle it better in the future?