

ANGER DIARY

Date:

Time:

Where were you?

What happened?

- | | |
|---|--|
| <input type="checkbox"/> Somebody was taking the mick | <input type="checkbox"/> Somebody started arguing with me |
| <input type="checkbox"/> Somebody said I was no good | <input type="checkbox"/> Somebody started fighting with me |
| <input type="checkbox"/> Somebody told me to do something | <input type="checkbox"/> I did something wrong |
| <input type="checkbox"/> Somebody did something I didn't like | <input type="checkbox"/> Other |
| <input type="checkbox"/> Somebody stole something of mine | |
-

Who was that somebody?

- ☐ Friend
 - ☐ Family
 - ☐ Other.....
-

How angry were you?

Not angry at all	A little angry	Fairly Angry	Very angry	Furious
1	2	3	4	5

What did you do?

- | | |
|--|---|
| <input type="checkbox"/> Shouted/swore | <input type="checkbox"/> Walked away calmly |
| <input type="checkbox"/> Ran off | <input type="checkbox"/> Talked it over |
| <input type="checkbox"/> Smashed/broke something | <input type="checkbox"/> Told someone else |
| <input type="checkbox"/> Tried to hit someone | <input type="checkbox"/> Ignored it |
| <input type="checkbox"/> Actually hit someone | <input type="checkbox"/> Other |