

# Positive ANGER

for adults

Name: \_\_\_\_\_

Date: \_\_\_\_\_

WHAT HAPPENED THAT  
MADE ME FEEL ANGRY?

WHAT THOUGHTS WENT  
THROUGH MY HEAD?

WHAT OTHER EMOTIONS DID I FEEL?

- |                                      |                                       |                                  |
|--------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Confused    | <input type="checkbox"/> Worried      | <input type="checkbox"/> Annoyed |
| <input type="checkbox"/> Guilty      | <input type="checkbox"/> Sad          | <input type="checkbox"/> Jealous |
| <input type="checkbox"/> Scared      | <input type="checkbox"/> Nervous      | <input type="checkbox"/> Brain   |
| <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Stressed Out | <input type="checkbox"/> Lonely  |
| <input type="checkbox"/> _____       | <input type="checkbox"/> _____        |                                  |

HOW DID I RESPOND?

- |  |   |
|--|---|
| <input type="checkbox"/> Arguing                 | <input type="checkbox"/> Slamming Doors |
| <input type="checkbox"/> Throwing Things         | <input type="checkbox"/> Threatening    |
| <input type="checkbox"/> Yelling                 | <input type="checkbox"/> Crying         |
| <input type="checkbox"/> Running Away            | <input type="checkbox"/> Rude Comments  |
| <input type="checkbox"/> Shutting Down           | <input type="checkbox"/> Shutting Down  |
| <input type="checkbox"/> Name Calling            | <input type="checkbox"/> _____          |
| <input type="checkbox"/> Swearing                | <input type="checkbox"/> _____          |
| <input type="checkbox"/> Refusing to Participate | <input type="checkbox"/> _____          |

WHAT ENDED UP  
HAPPENING?

WHAT WAS  
MY CONSEQUENCE?