

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

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

## Coping Skills

# Anger Management

Think about a recent time when you felt very angry. Use the questions below to reflect on what happened and how you reacted.

1 What happened that made you angry?

---

---

2 What did your body feel like? (e.g. heart racing, sweaty palms)

---

---

3 What thoughts were going through your mind?

---

---

4 What did you do or say when you were angry?

---

---