

# Anger Control Log

Name \_\_\_\_\_ Date \_\_\_\_\_ Week \_\_\_\_\_

What were you angry about? \_\_\_\_\_  
 \_\_\_\_\_

1. When did this happen?     Morning     Afternoon     Evening

2. Where were you?

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Classroom  | <input type="checkbox"/> Home                                   | <input type="checkbox"/> Friend's House         |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Hallway                                | <input type="checkbox"/> Another Person's House |
| <input type="checkbox"/> School Bus | <input type="checkbox"/> Specialist (P.E., Art, Library, Music) | <input type="checkbox"/> Other: _____           |

3. What Happened?

- |   |  |
|---|--|
| <input type="checkbox"/> Somebody teased me                         | <input type="checkbox"/> I did something wrong                     |
| <input type="checkbox"/> Somebody took something of mine            | <input type="checkbox"/> Somebody kicked me, hit me, poked me etc. |
| <input type="checkbox"/> Somebody told me to do something           | <input type="checkbox"/> Somebody was bothering one of my friends  |
| <input type="checkbox"/> Somebody was doing something I didn't like | <input type="checkbox"/> Other: _____                              |

4. Who was that somebody?

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Friend/classmate | <input type="checkbox"/> Parent               | <input type="checkbox"/> Teacher    |
| <input type="checkbox"/> An adult         | <input type="checkbox"/> Stranger             | <input type="checkbox"/> Counselor  |
| <input type="checkbox"/> Brother/Sister   | <input type="checkbox"/> Recess Duty          | <input type="checkbox"/> Principal  |
| <input type="checkbox"/> Other: _____     | <input type="checkbox"/> Step-parent/Guardian | <input type="checkbox"/> Bus Driver |

5. What did you do?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Ran away       | <input type="checkbox"/> Broke Something         | <input type="checkbox"/> Told friend          |
| <input type="checkbox"/> Yelled         | <input type="checkbox"/> Asked an adult for help | <input type="checkbox"/> Ignored other person |
| <input type="checkbox"/> Used profanity | <input type="checkbox"/> Told parent             | <input type="checkbox"/> Cried                |
| <input type="checkbox"/> Argued         | <input type="checkbox"/> Used sarcasm            | <input type="checkbox"/> Used Anger Control   |
|   | <input type="checkbox"/> Other: _____            |   |

6. On a scale of 1-10 how angry were you? (put an x in the box)

Not mad at all	1	2	3	4	5	6	7	8	9	10	Really super mad
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**7. Anger Control Chain:**

a. External Trigger: What happened that caused me to feel angry? \_\_\_\_\_

\_\_\_\_\_

b. Internal Trigger: What was I thinking while I was feeling angry? \_\_\_\_\_

\_\_\_\_\_

c. My Cues: What was my body doing to let me know I was feeling angry? \_\_\_\_\_

\_\_\_\_\_

d. My Anger Reducer was: How did I calm down?

- Three deep breaths
- My Happy place (which is) ? \_\_\_\_\_.
- Counting Backwards, 20, 19, 18, 17....
- Other (explain) \_\_\_\_\_.

e. My reminders were: What positive self-talk did I use? "I can handle it," "Just chill," etc.

\_\_\_\_\_

f. If I \_\_\_\_\_ (action, behavior).

Then \_\_\_\_\_ (consequence).

g. My Social Skill: What social skill did I use instead of hitting, yelling, shutting down, etc.?

\_\_\_\_\_

(Being honest, accepting consequences, dealing with accusations, knowing your feelings, showing understanding of others' feelings, avoiding trouble, apologizing, dealing with another's anger, giving a compliment, dealing with group pressure, ignoring distractions, making a complaint.)

h. Self evaluation: Thinking about how my choices worked when I was angry, what went well and what could I improve on?

Self Coaching: What could I improve on? \_\_\_\_\_.

Self Reward: What did I do well? \_\_\_\_\_.

**8. Rate how well you did going through the Anger Control Chain.**

- Excellent                       Good                       Fair                       Poor