

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

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

# ANGER EXPLORATION WORKSHEET

Use this worksheet to explore and discuss a recent anger episode!

## WHAT HAPPENED THAT MADE ME FEEL ANGRY?

\_\_\_\_\_  
\_\_\_\_\_

## WHAT OTHER FEELINGS DID I EXPERIENCE?

- |                                  |                                  |                                      |
|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> sad     | <input type="checkbox"/> annoyed | <input type="checkbox"/> guilty      |
| <input type="checkbox"/> worried | <input type="checkbox"/> scared  | <input type="checkbox"/> stressed    |
| <input type="checkbox"/> jealous | <input type="checkbox"/> lonely  | <input type="checkbox"/> embarrassed |
| <input type="checkbox"/> _____   |                                  |                                      |
| <input type="checkbox"/> _____   |                                  |                                      |



## WHAT THOUGHTS WENT THROUGH MY HEAD?

\_\_\_\_\_  
\_\_\_\_\_

## HOW DID I RESPOND?

- |  |   |   |                                |
|--|---|---|--------------------------------|
| <input type="checkbox"/> yelling and screaming | <input type="checkbox"/> hitting or kicking | <input type="checkbox"/> throwing objects | <input type="checkbox"/> _____ |
| <input type="checkbox"/> name-calling          | <input type="checkbox"/> threatening        | <input type="checkbox"/> running away     | <input type="checkbox"/> _____ |
| <input type="checkbox"/> crying                | <input type="checkbox"/> cursing            | <input type="checkbox"/> slamming doors   | <input type="checkbox"/> _____ |

## WHAT ENDED UP HAPPENING?

\_\_\_\_\_  
\_\_\_\_\_

## WHAT WAS MY CONSEQUENCE?

\_\_\_\_\_  
\_\_\_\_\_

## WHAT CAN I DO DIFFERENTLY NEXT TIME IF THIS SITUATION HAPPENS AGAIN?

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> use an I-Feel Message | <input type="checkbox"/> deep breathing  | <input type="checkbox"/> _____ |
| <input type="checkbox"/> walk away             | <input type="checkbox"/> tell an adult   | <input type="checkbox"/> _____ |
| <input type="checkbox"/> count to ten          | <input type="checkbox"/> distract myself | <input type="checkbox"/> _____ |