

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



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