

Name: _____

Anger Management Checklist



For each behavior, indicate your response using the following:

- 1** Always **2** Sometimes **3** Rarely **4** Never

_____ I often feel angry.

_____ I kick or punch at things or people.

_____ I often feel like destroying things when I am angry.

_____ I say mean things when I am angry.

_____ I shout and scream when I'm angry.

_____ I have a bad temper.

_____ I keep everything in when I'm angry.

_____ I hurt myself when I'm angry.

_____ I remain calm when I am angry.

_____ I don't lose control when I am angry.

_____ I have good self control when I am mad or angry, I let it go.