

ANGER SPECTRUM-I

Name _____

Date _____

ANGER SPECTRUM-1

Please respond to the statements below with the appropriate response to the right. **Please also circle any words or phrases within the statements that you find especially appropriate.**

Strongly Agree Agree Not Sure Disagree Strongly Disagree

1. I have a history of living in or being in situations where I was abused or my needs were ignored or where I felt invisible or invalid SA A NS D SD

2. In these situations, my ability to either leave, escape or protect myself was restricted SA A NS D SD

3. In these situations I could feel my anger and frustration building over time SA A NS D SD

4. I have a history of being humiliated or bullied by parents or by my peers SA A NS D SD

5. I feel like a loner or an outcast or I associate with others that feel the same way SA A NS D SD

6. I have a history of aggressive or violent behavior toward others SA A NS D SD

7. I feel like I am angry just about all of the time SA A NS D SD

8. If anything my level of anger has been increasing SA A NS D SD

9. I dislike or hate almost everyone or everyone SA A NS D SD

10. I like to secretly punish people that have been mean or cruel to me SA A NS D SD

11. I feel like I have poor social skills SA A NS D SD

12. I feel like very few if any people understand me SA A NS D SD

13. I feel like I am not very good at using boundaries or protecting myself SA A NS D SD