

Anger Journal

Date: _____

Intensity: (1 Calm to 10 Explosion) _____

Situation: (briefly)

How did it start?

What did you do?

How did you stop
it? _____

What did you feel physically?

Tightness in chest? Tightness in stomach? Raised hair on the back of
your neck? Clenched jaw?

Negative self-talk?

Other Behaviors?

Pacing Being verbally short Talking louder Gesturing wildly
 Following partner from room to room

Feelings underneath anger?

Sad Guilty Embarrassed Hurt Fearful Lonely Ashamed

Did you escalate the situation? _____

Did you take a time-out? _____

Did you work on positive self-talk? _____

What are you feeling now?

Sad Guilty Embarrassed Hurt Fearful Anxious
 Rejected Other _____