

Anger Management Intake Form

Date of Assessment:

DEMOGRAPHICS

Name: DOB:

Address: (Home):

Home Phone:

Probation Officer/Court of referral:

Marital Status: Married Single Divorced Separated

Living Situation: Live with partner Live alone Live w/family Friend

How long in current residence? Rent Own:

Who lives with client at residence (include names, ages and relationships to client)

Dependents: How many children? : Spouse: Other Dependents:

EDUCATION

Highest grade completed: GED HS College/Degree Received

If drop out, why:

EMPLOYMENT

Current Employee: Phone:

Address:

Current Job Title: Length of Employment:

MEDICAL/HEALTH

Do you have any ongoing health problems?: Yes No. If yes, please explain:

Are you currently taking any medications?: Yes No. If yes, what are you taking:

PSYCHIATRIC STATUS

Have you ever been treated for psychological or emotional problems? Yes No.
If yes, for what were you being treated?

How long ago did you receive counseling or treatment?
Did you complete the program: Yes No. If no, why not?

Have you experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functions, in the past 30 days or in your life time: Yes No.
If yes, explain:

Have you experienced serious anxiety, tension, up-tightness, stress, unreasonably worried, inability to relax? Yes No. If yes, explain when was the last time and how often does this occur:.

Have you experienced hallucinations-saw things or heard voices that were not there?
Yes No. When was the last time you experienced hallucinations?

Have you experienced trouble understanding, concentrating, or remembering? Yes
No. If yes, explain:

Have you experienced trouble controlling violent behavior, including episodes of rage or violence? Yes No. When was the last time this occurred?

What usually triggers this behavior?

Have you experienced thoughts of suicide in the past 30 days or in your life time? Yes
No. If yes, explain:

Do you feel suicidal today? Yes No. If yes, do you have a plan? Yes No. If yes, describe your plan:

Have you ever attempted suicide? Yes No. If yes, explain:

Have you felt like hurting others or committing homicide? Yes No. If yes, whom did you want to hurt and what were the reasons?

Have you ever been prescribed medication(s) for any psychological or emotional problems? Yes No If yes, for what was the medication prescribed?

Was the treatment successful? Yes No Explain:

Any alcohol or drugs by anyone involved? Yes No. If yes, who was using?

What actions did you demonstrate during the angry episode? Physical Verbal
 Threats Property destruction Other: Explain:

WITH WHOM DO YOU GET ANGRY

- Partner Parents/Step-Parents Your children (step-children)
 Relatives Employer/Co-workers Friends Other(whom)

What about?
Client said that he seldom gets upset.

FAMILY OF ORIGIN

Describe what the following people do/did with their anger, especially when you were growing up:

Your father/stepfather:

Your mother/stepmother: Client said that his mother is a very loving person.

Your brother/sisters: Client said that he and his siblings have always had a good relationship.

Other significant persons(grandparents, etc.)

Is there any family history of bad temper, assaults, homicides or suicides?

In general, what did you learn about anger from your family?

ANY CURRENT PROBLEMS WITH OR HISTORY OF:

NA

Problem:

Describe:

- Brain injury
 Stroke
 Epilepsy/Seizures
 Attention Deficit Disorder
 Premenstrual Syndrome
 Depression
 PTSD
 Other serious illness

ALCOHOL AND DRUG HISTORY

At what age did you have your first drink of alcohol and/or drugs?

What did you use?

Do you currently drink alcohol and/or use drugs? Yes No. If yes, what do you use: _____ How often do you use _____ and how much?

If you do not currently drink alcohol or use drugs, have you ever drunk alcohol and/or used drugs? Yes No. How long ago did you quit?

For what reasons did you quit?

Have you ever received a DUI? Yes No. How many? _____ What was your Blood Alcohol Level on your last one?

Have you ever received treatment for alcohol or drug abuse/dependence? Yes No. If yes, when and where were you in treatment?

Did you successfully complete treatment? Yes No. If not, why not?

Are you still abstinent? Yes No. If no, what triggered your relapse?

Were you drinking and/or using drugs during your most recent abusive episode? Yes No. Is the use of alcohol &/or drugs a problem in your relationship? Yes No.

Do you need help for alcohol or drug abuse/dependency problems? Yes No.

CHILDHOOD HISTORY

By whom were you raised? Parents Grandparents Relatives Foster Care

Are your parents/guardian living or deceased: Living (M/F) Deceased(M/F).

Did you experience any traumatic events during your childhood (i.e., deaths, abuse, etc.) Yes No. If yes, explain:

Explain how you came to leave home:

Number of siblings:

Is your relationship with your siblings close or distant? Explain:

How would you describe your relationship with your father? Close Distant

Explain what made it close or distant:

Were you or any of your siblings physically, psychologically, or sexually abused as children? Yes No. By whom?

What was the impact emotionally and psychologically on the abused?

How would you describe your relationship with your mother? Close Distant
Explain what made it close or distant?

Did you have any problems with anger or violent behavior as a child or teenager? Yes No. If yes, please explain: .

Were there any other events or circumstances regarding your childhood that may help us understand your particular counseling needs? Yes No. If yes, explain:

Did you ever see your father or mother physically or psychologically abuse each other? Yes No. If yes, explain:

What impact did seeing/hearing one of your parents abuse the other have on you emotionally, psychologically, or physically?

<p style="text-align: center;">ANGER/VIOLENCE HISTORY MOST RECENT ANGER EPISODE</p>

Please describe in detail your most recent anger incident:

When did the anger episode occur?

Where did the anger episode occur?

With whom?

What happened?

What actions did you demonstrate during the angry episode? Physical Verbal
Threats Property destruction Other: Explain:

Main types of angry words and thoughts during the angry episode:

Explain how did you feel physically while you were angry? Tense Rush Strong

No Other

How did the angry episode end?

Were there any use of alcohol and/or drugs by anyone involved? Yes No. If yes, by whom?

Was this incident typical? Yes No.

Duration:

When you become angry, how long to you remain angry?

Intensity:

On a scale of 1 to 10, with one representing no anger and 10 representing explosive anger, rate the intensity of your anger during the angry episode.

Frequency:

How often have you had trouble with your anger:

- This time only This month only Last six months Since childhood
 Adolescent Only as an adult (Every single day)

CONNECTION BETWEEN YOUR USE OF ALCOHOL/DRUGS AND ANGER/AGGRESSION

- Anger/aggression gets worse when using.
 I only get in trouble with my anger/aggression while using.
 I'm less angry/aggressive when I drink or use drugs.
 Others tell me there is a connection but I have trouble believing it.
 There seems to be no connections at all.
 Other alcohol/drug connections with anger/aggression (Explain)

EXPLAIN YOUR WORST ANGER EPISODE

When and with whom were involved?

What happened?.

Main types of angry words and thoughts during this episode:

How did this angry episode start?

How did it end?

Are you currently taking any medications: Yes No. If yes, what are you taking?

LEGAL HISTORY RELATING TO ANGER/AGGRESSION

Current legal problems related to anger/aggression: NA

Past legal problems related to anger/aggression: NA

HOW HAVE YOU ATTEMPTED TO CONTROL YOUR ANGER?

- I never have.
- Talk to myself. What do you say to yourself to control your anger?
- Leave the scene. How long? What do you do?
- Try to relax. How?
- Go to a self help group such as A.A.
- Other? What?

Is there anything else you can tell me that might help me understand your anger and how it affects you and others?

Recommendation

What would you like to change or learn as a result of counseling?

- 1.
- 2.
- 3.

Clinician Signature:

Date:

Clinical Anger Scale

FEELINGS INVENTORY INSTRUCTIONS: The group of items below inquire about the types of feelings you have. Each of the 21 groups of items has four options.

- For example, ...A....
- A. I feel fine.
 - B. I don't feel all that well.
 - C. I feel somewhat miserable.
 - D. I feel completely miserable.

For each cluster of items, read and identify the statement that best reflects how you feel. For example, you might choose A in the above example. If so, then circle the letter (A) next to the item number associated with that group of statements.

Answer the questions even if you're not sure. Make sure you select only one statement from each of the 21 clusters of statements.

PLEASE BE HONEST IN RESPONDING TO THE STATEMENTS.

1.
 - A. I do not feel angry.
 - B. I feel angry.
 - C. I am angry most of the time now.
 - D. I am so angry and hostile all the time that I can't stand it.
2.
 - A. I am not particularly angry about my future.
 - B. When I think about my future, I feel angry.
 - C. I feel angry about what I have to look forward to.
 - D. I feel intensely angry about my future, since it cannot be improved.
3.
 - A. It makes me angry that I feel like such a failure.
 - B. It makes me angry that I have failed more than the average person.
 - C. As I look back on my life, I feel angry about my failures.
 - D. It makes me angry to feel like a complete failure as a person.
4.
 - A. I am not all that angry about things.
 - B. I am becoming more hostile about things than I used to be.
 - C. I am pretty angry about things these days.
 - D. I am angry and hostile about everything.
5.
 - A. I don't feel particularly hostile at others.
 - B. I feel hostile a good deal of the time.
 - C. I feel quite hostile most of the time.
 - D. I feel hostile all of the time.
6.
 - A. I don't feel that others are trying to annoy me.
 - B. At times I think people are trying to annoy me.
 - C. More people than usual are beginning to make me feel angry.
 - D. I feel that others are constantly and intentionally making me angry.
7.
 - A. I don't feel angry when I think about myself.
 - B. I feel more angry about myself these days than I used to.
 - C. I feel angry about myself a good deal of the time.
 - D. When I think about myself, I feel intense anger.
8.
 - A. I don't have angry feelings about others having screwed up my life.
 - B. It's beginning to make me angry that others are screwing up my life.
 - C. I feel angry that others prevent me from having a good life.
 - D. I am constantly angry because others have made my life totally miserable.
9.
 - A. I don't feel angry enough to hurt someone.
 - B. Sometimes I am so angry that I feel like hurting others, but I would not really do it.
 - C. My anger is so intense that I sometimes feel like hurting others.
 - D. I'm so angry that I would like to hurt someone.

10. A. I don't shout at people any more than usual.
B. I shout at others more now than I used to.
C. I shout at people all the time now.
D. I shout at others so often that sometimes I just can't stop.
11. A. Things are not more irritating to me now than usual.
B. I feel slightly more irritated now than usual.
C. I feel irritated a good deal of the time.
D. I'm irritated all the time now.
12. A. My anger does not interfere with my interest in other people.
B. My anger sometimes interferes with my interest in others.
C. I am becoming so angry that I don't want to be around others.
D. I'm so angry that I can't stand being around people.
13. A. I don't have any persistent angry feelings that influence my ability to make decisions.
B. My feelings of anger occasionally undermine my ability to make decisions.
C. I am angry to the extent that it interferes with my making good decisions.
D. I'm so angry that I can't make good decisions anymore.
14. A. I'm not so angry and hostile that others dislike me.
B. People sometimes dislike being around me since I become angry.
C. More often than not, people stay away from me because I'm so hostile and angry.
D. People don't like me anymore because I'm constantly angry all the time.
15. A. My feelings of anger do not interfere with my work.
B. From time to time my feelings of anger interfere with my work.
C. I feel so angry that it interferes with my capacity to work.
D. My feelings of anger prevent me from doing any work at all.
16. A. My anger does not interfere with my sleep.
B. Sometimes I don't sleep very well because I'm feeling angry.
C. My anger is so great that I stay awake 1—2 hours later than usual.
D. I am so intensely angry that I can't get much sleep during the night.
17. A. My anger does not make me feel anymore tired than usual.
B. My feelings of anger are beginning to tire me out.
C. My anger is intense enough that it makes me feel very tired.
D. My feelings of anger leave me too tired to do anything.
18. A. My appetite does not suffer because of my feelings of anger.
B. My feelings of anger are beginning to affect my appetite.
C. My feelings of anger leave me without much of an appetite.
D. My anger is so intense that it has taken away my appetite.
19. A. My feelings of anger don't interfere with my health.
B. My feelings of anger are beginning to interfere with my health.
C. My anger prevents me from devoting much time and attention to my health.
D. I'm so angry at everything these days that I pay no attention to my health and well-being.
20. A. My ability to think clearly is unaffected by my feelings of anger.
B. Sometimes my feelings of anger prevent me from thinking in a clear-headed way.
C. My anger makes it hard for me to think of anything else.
D. I'm so intensely angry and hostile that it completely interferes with my thinking.
21. A. I don't feel so angry that it interferes with my interest in sex.
B. My feelings of anger leave me less interested in sex than I used to be.
C. My current feelings of anger undermine my interest in sex.
D. I'm so angry about my life that I've completely lost interest in sex.

Anger Social Survey

Client Name: _____ Chart #: _____ Date: _____

Instructions: The items below refer to how you have behaved during the past year. Please indicate whether each question is TRUE or FALSE as a description of you during the past year.

1. I don't show my anger about everything that makes me mad, but when I do – look out.

True False

2. I still get angry when I think of the bad things people did to me in the past.

True False

3. Waiting in line, or waiting for other people, really annoys me.

True False

4. I fly off the handle easily.

True False

5. I often find myself having heated arguments with the people who are closest to me.

True False

6. I sometimes lie awake at night and think about the things that upset me during the day.

True False

7. When someone says or does something that upsets me, I don't usually say anything at the time, but later spend a lot of time thinking up cutting replies I could and should have made.

True False

8. I find it very hard to forgive someone who has done me wrong.

True False

9. I get angry with myself when I lost control of my emotions.

True False

10. People really irritate me when they don't behave the way they should, or when they act like they don't have the good sense of a head of lettuce.

True False

11. If I get really upset about something, I have a tendency to feel sick later, either with a weak spell, headache, upset stomach, or diarrhea.

True False

12. People I've trusted have often let me down, leaving me feeling angry or betrayed.

True False

13. When things don't go my way, I get depressed.

True False

Client Name: _____ chart number: _____ date: _____ -

14. I am apt to take frustration so badly that I cannot put it out of my mind.

True False

15. I've been so angry at times I couldn't remember things I said or did.

True False

16. After arguing with someone, I hate myself.

True False

17. I've had trouble on the job because of my temper.

True False

18. When riled up, I often blurt out things I later regret saying.

True False

19. Some people are afraid of my bad temper.

True False

20. When I get angry, frustrated or hurt, I comfort myself by eating or using alcohol or other drugs.

True False

21. When someone hurts or frustrates me, I want to get even.

True False

22. I've gotten so angry at times that I've become physically violent, hitting other people or breaking things.

True False

23. At times, I've felt angry enough to kill.

True False

24. Sometimes I feel so hurt and alone I feel like committing suicide.

True False

25. I'm a really angry person, and I know I need help learning to control my temper and angry feelings because it has already caused me a lot of problems.

True False

PERSONAL ANGER ASSESSMENT

The following assessment is designed to help you understand how you manage your anger. Read each of the twelve hypothetical scenarios and check the box associated with the statement that most closely matches your response. It is possible that none of the three statements are a perfect match, but select the one that is closest.

CHOOSE THE STATEMENT THAT MOST CLOSELY DESCRIBES YOU.

- 1 I have serious arguments with my loved one, sometimes for no reason. (A)
 I think most people would think I handle my anger well. (B)
 When I am angry with someone, I am quickly and respectfully able to tell him or her why. (C)
- 2 I'm very good at being quick to talk to someone who offends me so we can work out the issue. (C)
 I fly off the handle quickly. (A)
 Sometimes it takes me longer than I'd like to get over being angry. (B)
- 3 I occasionally feel regret about how I express my anger. (B)
 I simply let bygones be bygones. (C)
 I find it very hard to forgive someone who has done me wrong. (A)
- 4 Little things don't bother me very much. (C)
 I wish I had some better strategies or ideas for taking care of the anger I feel. (B)
 I take frustration so badly that I can't put it out of my mind. (A)
- 5 I've been so angry at times I couldn't even remember some of the things I said or did. (A)
 I consistently find appropriate outlets for my anger. (C)
 I'm usually able to figure out what it is that makes me angry. (B)
- 6 I don't generally like being angry with others. (B)
 I have said malicious things about others to get back at them when I am angry. (A)
 I rarely if ever raise my voice in anger. (C)
- 7 I've had trouble on the job because of my temper. (A)
 My temper has caused problems with loved ones, but we usually seem to work it all out. (B)
 If I have anything to do with it, I don't let unresolved issues hang in the air with those I care about. (C)
- 8 I don't tend to get in many arguments. (A)
 Some people are afraid of my bad temper. (B)
 I've blurted things out in anger that I knew I needed to apologize for right away. (C)
- 9 Though it doesn't always happen, I usually recognize when I'm angry. (B)
 I have control over how I express my anger in the vast majority of situations. (C)
 I often break things when I'm angry. (A)
- 10 After getting angry, I'm still able to act lovingly toward those around me. (B)
 I sometimes feel like arguments with my loved ones just lead to more arguments and difficulties. (A)
 My anger tends to come out suddenly in strong bursts that often appear uncontrollable to others around me. (C)
- 11 I just keep it to myself when I'm angry. (A)
 I am quick to forgive others who have offended me. (C)
 I'm usually able to resolve arguments with other people. (B)
- 12 After an argument, I often find myself wishing I had thought of a better way to respond. (B)
 People tend to think I overreact when I'm angry. (A)
 I work hard to have all the facts before acting on my anger. (C)