

Anger and Trauma Worksheet

Patient Information

Name:

Age:

Date:

Identifying Anger

Describe a recent situation where you felt angry.

Rate the intensity of your anger in the situation from 1 to 10 (1 – lowest, 10 extremely angry).

Identify physical sensations you experienced during the anger.

What thoughts were going through your mind?

Linking Anger to Traumatic Experiences

Recall a past traumatic experience that may be influencing your current anger.

How do you see this past experience affecting your current reaction?

Are there any similarities between the past trauma and the current situation?

Coping Strategies

Can you think of ways you can express your anger?

What things or techniques do you do to calm down?

How can you reframe your thoughts to reduce anger?

Who are the people in your support system?

Action Plan for Future Anger Episodes

What will you do differently when you start feeling angry?

How will you use your support system during difficult times?

Set a goal for managing your anger.

Reflection and Notes

Did you gain any new insight about yourself as you were answering the questions above?

Write any additional notes here.

Healthcare Professional's Observations and Details
Observations and recommendations.
Signature:
Name:
License Number:
Name of Practice: