

Name	Date
<ul style="list-style-type: none"> • Coping activity: After all of that, what did you do to calm yourself and relax? • Alternative response: Looking back (if you acted out in anger), what would you have done differently? 	
Event One	
Trigger	
Response	
Outcome	
Coping activity	
Alternative response	
Event Two	
Trigger	
Response	
Outcome	
Coping activity	
Alternative response	
Event Three	
Trigger	
Response	
Outcome	
Coping activity	
Alternative response	

Name	Date
Event Four	
Trigger	
Response	
Outcome	
Coping activity	
Alternative response	
Event Five	
Trigger	
Response	
Outcome	
Coping activity	
Alternative response	
<p>Last, by any chance, did you notice any patterns related to your experiences with anger, like common warning signs or coping activities (whether healthy or unhealthy)? Please indicate in the box.</p>	