

Hassle Report

Day or date of the hassle _____

Time of Day _____

Where did it happen? _____

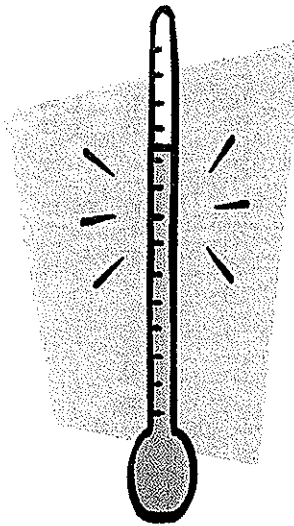
Who was the hassle with? _____

What caused the conflict? _____

Who else was there? _____

How were they involved? _____

How angry were you? Circle the best answer



- lost it
- raging
- fuming
- very upset
- annoyed
- frustrated
- sort of upset
- ticked
- miffed
- basically calm

| What did you do? (Check all that apply) | <input checked="" type="checkbox"/> |
|--|-------------------------------------|
| Shouted or screamed | <input type="checkbox"/> |
| Swore | <input type="checkbox"/> |
| Threatened somebody | <input type="checkbox"/> |
| Called somebody a name | <input type="checkbox"/> |
| Other rude behaviour | <input type="checkbox"/> |
| Lost my temper | <input type="checkbox"/> |
| Cried | <input type="checkbox"/> |
| Stormed out or ran away | <input type="checkbox"/> |
| Hit or damaged property | <input type="checkbox"/> |
| Hit, slapped, punched somebody | <input type="checkbox"/> |
| Other (describe) | <input type="checkbox"/> |

Anger Control techniques you used

| | | | |
|----------------|--------------------------|-------------------|--------------------------|
| Deep breathing | <input type="checkbox"/> | Positive thinking | <input type="checkbox"/> |
| Counting | <input type="checkbox"/> | Problem-solving | <input type="checkbox"/> |
| Relaxation | <input type="checkbox"/> | Walk away | <input type="checkbox"/> |
| Self-talk | <input type="checkbox"/> | Talk to somebody | <input type="checkbox"/> |

Rate the outcome

(the pits) 0---1---2---3---4---5---6---7---8---9---10 (best possible)

Briefly describe the event: