

## Anger Attacks Questionnaire

Please answer all questions by circling the correct answer of the answer that seems most appropriate to you

1. Over the past six months, have you felt irritable or easily angered?

Always                      Often                      Sometimes                      Never

2. Do you feel that, over the past six months, you have overreacted with anger or rage to minor annoyances or trivial issues?

YES                      NO

3. Over the past six months, have you had "anger attacks", episodes where you would become angry and enraged with other people in a way that you thought was excessive or inappropriate to the situation?

YES                      NO

4. If YES, how many anger attacks of this sort have you had over the past month?

0                      1-2                      3-4                      5-8                      9 or more

5. During at least one of the anger attacks, have you experienced any of the following symptoms:

a) Accelerated heart rate, heart pounding or palpitations	YES	NO
b) Hot flashes or face reddening	YES	NO
c) Tightness of the chest, chest pain or pressure	YES	NO
d) Numbness or tingling sensations of arms or legs	YES	NO
e) Lightheadedness, dizziness or feelings of	YES	NO

unsteadiness		
f) Shortness of breath or difficulty breathing	YES	NO
g) Sweating	YES	NO
h) Shaking or trembling	YES	NO
i) Intense fear, panicky feelings, or anxiety	YES	NO
j) Feeling out of control, or like you are about to explode	YES	NO
k) Feeling like physically attacking or yelling at people	YES	NO
l) Physically or verbally attacking people	YES	NO
m) Throwing things around or destroying objects	YES	NO

6. Do you consider these anger attacks to be uncharacteristic of you?

YES

NO

7. Do you feel guilty about these anger attacks or regret your actions afterwards?

YES

NO