

Pediatric Anger - Short Form 1

Please respond to each item by marking one box per row.

In the past 7 days.....

| | | Never | Almost Never | Sometimes | Often | Almost Always |
|---------|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 206R1 | I felt mad. | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 714R1 | I felt upset. | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5045R1 | I felt fed up. | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2319aR1 | I was so angry I felt like throwing something. | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2581R1 | I was so angry I felt like yelling at somebody. | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3506R1 | When I got mad, I stayed mad. | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |