Pediatric Anger – Short Form 5a

Please respond to each question or statement by marking one box per row.

	In the past 7 days…	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
5045R1r	I felt fed up.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
206R1r	I felt mad.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
714R1r	I felt upset	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2319aR1r	I was so angry I felt like throwing something.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2581R1r	I was so angry I felt like yelling at somebody.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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