Anger (Ages 8-17) – Fixed Form

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**
PedRepAng13	I felt mad.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PedRepAng14	I was so angry I felt like yelling at somebody.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PedRepAng16	I felt fed up	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PedRepAng17	I was so angry I felt like throwing something	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PedRepAng18	I felt upset	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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