Anger

FOR INFORMATION ONLY - DO NOT COMPLETE

The next several questions are about your child's anger IN THE LAST WEEK.

1)	In the past 7 days My child felt mad.	◯ Never ◯ Almost Never ◯ Sometimes ◯ Often ◯ Almost Always
2)	In the past 7 days My child was so angry he/she felt like yelling at somebody.	◯ Never ◯ Almost Never ◯ Sometimes ◯ Often ◯ Almost Always
3)	In the past 7 days My child was so angry he/she felt like throwing something.	◯ Never ◯ Almost Never ◯ Sometimes ◯ Often ◯ Almost Always
4)	In the past 7 days My child felt upset.	◯ Never ◯ Almost Never ◯ Sometimes ◯ Often ◯ Almost Always
5)	In the past 7 days When my child got mad, he/she stayed mad.	◯ Never ◯ Almost Never ◯ Sometimes ◯ Often ◯ Almost Always

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