



AARON COMMUNITY CULTURAL
CENTER (ACCC)
WWW.ACCCBSM.COM
ACCCBSM@GMAIL.COM
800.527.4184



a)

Anger Management Intake Form

1. Name: _____ Age: _____
2. Birth Place: _____ Favorite Color: _____
3. Favorite type of music: Gospel, Blues, Jazz, etc.
4. Number of siblings, brothers, sisters.
5. Occupation: _____.
6. Highest grade completed in school: Elementary Junior High
 High School College Vocational Education.
7. If married, number of years married.
8. Do you have a personal relationship with Jesus Christ/higher power? Number of years:
_____.
9. How much time do you spend in the word of God daily, spiritual mediation, training:
_____.
10. Have you ever used drugs, alcohol, etc.? _____ How long? _____.
11. Have you ever been to prison? _____ How long? _____.
12. Have you ever been to jail? _____ How long? _____.



13. As a child were you ever in foster care? _____ With another adult other than your parent?
_____.

14. How would you describe your parent's marriage?

- a. Joyful
- b. Painful
- c. Godly
- d. Loving
- e. Other

15. What did you like most about your mother?

16. What did you like most about your father?

17. What did you like least about your mother?

18. What did you like least about your father?

19. Mother's occupation:

20. Mother's age:

21. Father's occupation:

22. Father's age:

23. Were either of your parents ill during your childhood?



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24. Were either of your parents ever incarcerated during your childhood?

25. Did you feel like your parents had time for you?

- a. Yes.
- b. No.
- c. Other.

26. How did your parents handle your anger? Did they:

- a. Listen to it?
- b. Tell you you had no reason to be angry.
- c. Punished you when you were angry.
- d. Were you:
 - a) Sent to your room.
 - b) Spanked.
 - c) Ignored.
 - d) Other.

27. Did you live with both parents?

- a. Together.
- b. Mother only
- c. Father only.
- d. Other.
- e. Another relative.



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28. Did you attend church or a spiritual center when you grew up?

- a. Yes.
- b. No.
- c. Other.

29. How do you handle your anger towards:

- a. Yourself.
- b. Your mate.
- c. Your children.
- d. Others.

30. How would you describe your relationship with your siblings/brothers/sisters?

- a. I don't have a relationship with them.
- b. Good.
- c. Up and down.
- d. We only see each other at holidays.
- e. _____.

31. I think that I am a _____ person.

- a. Good.
- b. Joyful
- c. Angry
- d. Sad
- e. Depressed
- f. Other



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32. What would you like to accomplish from attending Anger Management classes?

- a. Feeling better.
- b. Giving God/higher power my anger.
- c. Reducing my stress.
- d. Getting in touch with what I am feeling.
- e. Other.

33. My favorite color is:

34. My favorite food is:

35. How many weeks of Anger Management is the

Court Ordering
 DCFS

36. When do you need a letter verifying your class registration?

37. Please complete this sentence if I could change time I would:

Comments: _____

