APPENDIX-A

(1) Bells Adjustment Questionnaire:

Published by Agra Psychological Research Cell, Tiwari Kothi, Belanganj, Agra, India.

“Through this inventory, an attempt has been made to study your adjustment of different areas. Please give your answers without any hesitation, because your answer will be kept strictly confidential. If you agree with the content of question then put a mark ‘X’ in front the column of ‘Yes’ and if you feel disagreement than put a mark (X) in front of ‘No’ you have to answer of all questions. Please try to finish the work as early as possible.”

Name: 

Age: 

Name of Institution: Class:

Rural / Urban:

Description of the test: The original Bell’s Adjustment inventory was in English, and for the purpose of standardization in Indian conditions it was translated in Hindi by Dr. Mrs. Lalita Sharma. The Hindi version of the inventory consists of 80 statements which are related to 4 areas of adjustment.

<table>
<thead>
<tr>
<th>Area of Adjustment</th>
<th>Number of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home (Family)</td>
<td>21</td>
</tr>
<tr>
<td>Social</td>
<td>20</td>
</tr>
<tr>
<td>Emotional</td>
<td>21</td>
</tr>
<tr>
<td>Health</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
</tr>
</tbody>
</table>

Two categories of responses ‘yes’ or ‘no’ have been provided for answer to each item. Reliability of the present inventory was calculated both by split-half method and by test-retest method. Split-half and test-retest reliabilities are 0.927 and 0.897 respectively. The validity co-efficient was found to be very high i.e., 0.834.
Scoring and Results: the scoring of this inventory is simple which can be scored simply by counting the number of correct answers in each area of adjustment. High scores on the inventory indicate low adjustment, whereas low scores indicate high adjustment, in different areas of adjustment as well as adjustment taken as a whole. Scores are converted into percentile by referring the appropriate table in the manual.
APPENDIX-B

(2) Aggression Questionnaire (AQ)

**Purpose:** Offers a quick, practical way to screen large groups or individuals for aggressive tendencies

**Ages / Grade:** 9 to 88 years

**Administration Time:** 10 minutes

**Format:** Self-report

**Norms**

Based on an age-stratified sample of 2,138 individuals; separated by sex for Verbal and Physical Aggression Scales

This self-report inventory makes it possible--and practical--to routinely screen children and adults for aggressive tendencies. The Aggression Questionnaire (AQ) measures an individual's aggressive responses and his or her ability to channel those responses in a safe, constructive manner. Because it takes just 10 minutes to complete, the AQ can be administered quickly to large numbers of people.

The AQ is a full revision of the Buss-Durkee Hostility Inventory, a longtime standard for assessing anger and aggression. It consists of just 34 items, scored on the following scales:

- Physical Aggression
- Hostility
- Verbal Aggression
- Indirect Aggression
- Anger

A Total Score is also provided, along with an Inconsistent Responding Index. Standardization is based on a sample of 2,138 individuals, ages 9 to 88, and norms are presented in three age sets: 9 to 18, 19 to 39, and 40 to 88. In addition, norms for the
Verbal Aggression and Physical Aggression scales are separated by sex.

Written at a third-grade reading level, AQ items describe various characteristics related to aggression. The respondent simply rates each item on a 5-point scale ranging from "Not at all like me" to "Completely like me." Because it is brief and easy to read, the scale can be used with virtually anyone, including respondents who have difficulty with more complex verbal measures. The test can be hand scored in minutes. Or it can be administered and scored using the AQ CD, which also allows you to print out a detailed interpretive report on the spot.

In clinical settings, the AQ's five subscale scores provide a level of detail that is particularly useful for treatment planning and outcome measurement. In correctional settings, the simplicity of the AQ makes it an excellent choice for documenting need for service and focusing rehabilitation efforts. In other institutional settings--schools, businesses, military installations, and geriatric or convalescent hospitals--it can be used for both screening and program evaluation. Brief and inexpensive, the AQ makes large-scale screening of aggression a realistic option.

The Aggression Questionnaire (AQ)

Simone Lambert, M.S., NCC, LPC University of North Carolina - Greensboro

I. General Information

A. Title: The Aggression Questionnaire (AQ).
B. Authors: Arnold H. Buss and W. L. Warren.
C. Publisher: Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, CA 90025. Phone: 1-800-648-8857.
D. Forms; groups to which applicable: The Aggression Questionnaire (Buss & Warren, 2000) is intended to be administered as a screening instrument for aggressiveness. The AQ has a third grade reading level and can be used with both children and adults.
E. General type: The AQ measures clients' propensity for aggressive behaviors and ability to restrain from employing destructive aggression.
F. Date of publication: The AQ was published in 2000. The AQ is a revised version of the Buss-Durkee Hostility Inventory (BDHI; Buss & Durkee, 1957).
G. Practical features: Both a paper-and-pencil form and computer form of the AQ are available for purchase. The AQ can be manually scored quickly using the autoscore answer form. If administered using the AQ disk, the instrument can be administered, scored, and interpreted on-line. With this option, a comprehensive interpretive report is provided instantaneously. Microsoft
Windows is required to operate the computer-based version of the AQ.

H. Cost: The AQ Kit (including 25 autoscore answer forms, a manual, 2-use disk, and 2 pads of 100 answer sheets to be used with the computer disk) costs $82.50. Autoscore answer forms are priced at $29.95 for the one package of 25, with the price decreasing to $27.00 for multiple packages ordered. The AQ manual can be purchased separately for $42.50. The AQ disk costs $155.00 and can be used for 25 administrations and interpretation profiles. The price decreases to $142.50 when 2 or more disks are acquired. The PC Answer sheet pad can also be purchased separately for $15.00 and is used when the test-administrator does not want the test-taker to complete the instrument on a computer or if a computer is not available at the time of testing.

I. Time required administering: The AQ takes 10 minutes to administer.

II. Purpose and Nature of the Instrument

A. Stated purpose: The 34-item AQ measures a respondent's self-perceived levels of aggression and anger. The instrument provides a measure of treatment need or treatment outcome. The AQ can be used in clinical, school, business, military, correctional, and hospital settings for individual treatment planning and program evaluation.

B. Description of test, items, and scores: The 34-item AQ consists of five scales: physical aggression (physical expression of anger), verbal aggression (argumentative and hostile language), anger (agitation and sense of control), hostility (resentment, social isolation, and paranoia), and indirect aggression (expression of anger without direct confrontation). Also, the instrument provides an overall score and an Inconsistent Responding scale. There are 12 pairs of items on the Inconsistent Responding scale. Participant responses are discarded when five or more pairs differ by more than one point. Items are answered on a five-point Likert-type scale ranging from 1 (Not at all like me) to 5 (Completely like me). Thus, scores can range from 34 to 170, with higher scores indicating more self-reported aggressive behaviors.

C. Use in counseling: Counselors using the AQ can examine general client level of aggressive tendencies and specific dimensions of aggression using the five subscales. The instrument is not designed to be the sole source for treatment planning or deciding whether or not to offer services. Used in conjunction with clinical interview skills, the AQ does provide a means of assessing difficulty areas for aggressive clients and monitoring progress of treatment. The AQ is most effectively used as a screening instrument to assist aggressive individuals in obtaining appropriate intervention.

III. Practical Evaluation

A. Usefulness of manual: The 85-page manual offers guidance on administration, scoring, and interpretation of the AQ. The second part of the manual provides information regarding the development and standardization of the instrument as well as the psychometric properties including reliability and validity. Case examples are provided to facilitate test interpretation. In addition, a 15-item AQ Short Form is provided for researchers.
B. Adequacy of directions for administering the instrument: The instructions are explicit, and an example is included for further simplification.

C. Qualifications of examiners: Counselors who administer the AQ need to be qualified at the B level. Thus, counselors should have a graduate degree that includes successful completion of a psychological testing and measurement course from an accredited university or college.

D. Scoring provisions: The AQ can be scored on-site manually using an autoscore form or electronically with the AQ software.

IV. Technical Considerations

A. Normative sample: The normative sample for the AQ consisted of 2,138 individuals from throughout the United States. The sample was divided into three age groups: 9 to 18, 19 to 39, and 40 to 88. Children and adults were tested in nonclinical settings including schools, churches, and community centers. Of the individuals sampled, 1,252 were women and 880 were men (Buss & Warren, 2000). Racial background of participants included Asian (1%), Black (15%), Hispanic (8%), Native American (<1%), White (72%), and Other (3%). Individuals from the South and adults with a high school education or less were slightly underrepresented.

B. Reliability: Previous reports of reliability (coefficient alpha) suggest good to moderate reliability: Physical Aggression (r = .88), Verbal Aggression (r = .76), Anger (r = .78), Hostility (r = .82), Indirect Aggression (r = .71), and the Total scale (r = .94) (Buss & Warren, 2000).

C. Validity: To provide evidence of construct validity, researchers have correlated scores on the AQ with scores of other instruments purported to measure a similar construct. For young people ages 9-19, scores on the AQ have been correlated with scores on the Attitudes Toward Guns and Violence Questionnaire (AGVQ; Shapiro, 2000) with a correlation coefficient of .38. The physical aggression scale on the AQ was most strongly associated with all scales of the AGVQ. Thus, those individuals with high AQ scores are also likely to possess favorable attitudes toward aggression and ownership of guns. The Children’s Inventory of Anger (ChIA; Nelson & Finch, 2000) scores had a correlation coefficient of .37 with the AQ for children ages 11-17. There was a positive correlation between those who had high scores on the anger and hostility scales of the AQ and those who had high scores on the ChIA in all challenge areas measured by the latter, including difficulty with peer and authority relationships, with being a victim of bullying, and with problem-solving behaviors. For those ages 9-84, the Novaco Anger Scale (NAS; Novaco, in press) and the Provocation Inventory (PI; Novaco, in press) have correlation coefficients with the AQ of .74, and .59, respectively. The angry cognition scale on the NAS is most similar to the AQ hostility scale. The anger scale on the AQ was most correlated to the NAS arousal scale and most negatively correlated with the NAS anger regulation scale. In addition the AQ physical aggression scale was highly correlated to the NAS Angry Behavior. In terms of the PI, the AQ hostility scale was the most correlated of the AQ scores with all of the PI scales.
V. Evaluation

A. Comments of reviewers: Due to the AQ's recent publication, no published comments were available.

B. General Evaluation: The AQ can provide valuable information regarding aggressive tendencies and strategies used in mediating aggressive inclinations. The AQ is easy to administer, score, and interpret. In addition, the instrument can be administered in a very short amount of time, facilitating the use of it in both clinical practice and research. The instructions and items are written clearly. The AQ is ideal to use as a screening instrument with young people for the prevention and treatment of aggressive behaviors. However, there are a few verbal expressions in the questionnaire that may be difficult for some young children to understand (i.e., "get the breaks" or "hothead"). The manual provides detailed information in a user-friendly manner. Psychometric properties for the AQ are strong. While the AQ is based on a former instrument, the Buss-Durkee Hostility Inventory (BDHI; Buss & Durkee, 1957), there is no theoretical basis for the AQ reported in the manual. Overall, this instrument has many practical implementations and should be further considered by counselors and researchers interested in aggressive behavior. Caution, however, should be taken in categorizing individuals as violent and nonviolent, especially in correctional institutions. Because the AQ is a self-report measure, those individuals who have something to gain by responding in a certain manner may not provide accurate responses. Another limitation is in regards to generalizability. Evidence suggests that the problem communication subscale of the PAC may not be equivalent for English-speaking Hispanic populations (Knight, Tein, Shell, & Roosa, 1992). In addition, Asians and Native Americans are not adequately represented in the standardization sample to interpret results for individuals of these ethnic backgrounds. Thus, further studies need to take place with more diversified samples.

Software Administration of the Test:

Client ID: Administration Date:
Gender: Processing Date:
Age: Examiner ID Number:
Education (Last Year Completed): Examiner Name:
Ethnicity: Name:

Scale T-Score: 
<20T 30T 40T 50T 60T 70T >80T

Raw & T
Inconsistent Responding Index (INC); AQ Total Score; Physical Aggression (PHY); Verbal Aggression (VER); Anger (ANG); Hostility (HOS); Indirect Aggression (IND)

Note: AQ Score ranges are: Very Low: \( \leq 29T \); Low: \( 30T-39T \); Low Average: \( 40T-44T \); Average: \( 45T-55T \); High Average: \( 56T-59T \); High: \( 60T-69T \); Very High: \( \geq 70T \)

Inconsistent Responding Index (INC): The Inconsistent Responding Index (INC) is a measure of unusual levels of inconsistency in a person’s responses. INC scores of 5 or greater suggest that the remaining AQ scores may be less accurate than they could be because the client responded inconsistently to the items. This client’s INC score of 4 does not indicate an unusual amount of inconsistency. The specific item responses that contribute to this individual’s INC score are printed at the end of this AQ report.

AQ Total Score: The AQ Total score is a summary measure of the overall level of anger and aggression reported by this client. His AQ Total score of 53T is in the average range. The remaining AQ scores should be examined in light of this and all other available information to understand what kind of experience this individual has reported.

Physical Aggression (PHY): The Physical Aggression (PHY) score is a measure of the tendency to use physical force when expressing anger or aggression. The PHY score of 62T for this client is high. If it is not just an attempt to “look tough,” this PHY score suggests that the client may find it difficult to control urges toward physical aggression. Conduct disorder, or sadistic or antisocial personality characteristics, may be present, and substance use may be an additional problem for this individual. He may also experience difficulty focusing his attention on one thing and controlling impulses in general, and evaluation for the presence of attention-deficit disorder should be considered. Follow-up activities should focus on learning and practicing acceptable alternatives to physical aggression. Focus may need to be placed on his ability to maintain productive relationships with authority figures. He may also benefit from efforts that help him recognize and overcome his vulnerability to shame-related reactions. It is likely that this individual sees his physical aggression as being provoked by others. It is important that he learn to take full responsibility for choosing to act in physically aggressive ways. To further clarify the interpretation of this PHY score, the specific item responses that contribute to it are printed at the end of this AQ report.
**Verbal Aggression (VER):** The Verbal Aggression (VER) score measures the tendency to be verbally argumentative. This client’s VER score of 70T is very high. He may feel extremely frustrated or be under an extreme amount of stress. Follow-up activities should include evaluation for the presence of an anxiety disorder. He should be encouraged to learn stress-reduction techniques and include them in his daily routine. As when the PHY scale score is elevated, a high VER score can signal the presence of conduct disorder, or sadistic or antisocial personality characteristics. Substance use may be an additional problem. High VER scores can also be a result of neurological impairment. Depending upon this individual’s clinical history, referral for a complete psychological and neurological evaluation may be appropriate. Follow-up with this individual should include opportunities to learn and practice constructive alternatives to nonproductive arguments and verbal assaults. It is very important for this client to become aware of the effects his verbalizations have on others. To further clarify the interpretation of this VER score, the specific item responses that contribute to it are printed at the end of this AQ report.

**Anger (ANG):** The AQ Anger (ANG) score measures anger-related arousal and sense of control. It is the AQ score that is most responsive to building an effective set of coping strategies. The ANG score of 50T for this client is in the average range. His responses suggest that he does not experience an unusual amount of anger. To further clarify the interpretation of this ANG score, the specific item responses that contribute to it are printed at the end of this AQ report.

**Hostility (HOS):** The AQ Hostility (HOS) score is a measure of feelings of resentment, suspicion, and alienation—feelings that seriously undermine both physical and psychological health. He HOS score of 34T for this client is low. He reports a good deal less mistrust and alienation than do most people his age. Although this probably reflects a sense of comfort with his current social surroundings, it can also represent a histrionic tendency to distort reality in order to avoid experiencing critical reactions toward others, even when they are well-justified. When this distortion serves to maintain destructive relationships or behaviors, it needs to be addressed. To further clarify the interpretation of this HOS score, the specific item responses that contribute to it are printed at the end of this AQ report.

**Indirect Aggression (IND):** The Indirect Aggression (IND) score is a measure of the tendency to express anger in actions that avoid direct confrontation. The IND score of 43T for this individual is in the low average range. He appears to be less likely than most people his age to use indirect ways of expressing aggression, and may be more willing than most to resolve conflict using direct confrontation. To further clarify the interpretation of this IND score, the specific item responses that contribute to it are printed at the end of this AQ report.
Inconsistent Responding Pairs: (For Example):

1. My friends say that I argue a lot.

22. I let my anger show when I do not get what I want.

9. I wonder why sometimes I feel so bitter about things.

29. At times I feel like a bomb ready to explode.

10. I have threatened people I know.

13. If I’m angry enough, I may mess up someone’s work.

23. At times I can’t control the urge to hit someone.

24. I get into fights more than most people.

Physical Aggression Scale Item Responses:

8. I may hit someone if he or she provokes me.

23. At times I can’t control the urge to hit someone.

25. If somebody hits me, I hit back.

11. Someone has pushed me so far that I hit him or her.

27. If I have to resort to violence to protect my rights, I will.

10. I have threatened people I know.

24. I get into fights more than most people.
17. I have become so mad that I have broken things.

**Verbal Aggression Scale Item Responses:**

1. My friends say that I argue a lot.
6. I can’t help getting into arguments when people disagree with me.

26. I tell my friends openly when I disagree with them.
4. I often find myself disagreeing with people.

20. When people annoy me, I may tell them what I think of them.

**Anger Scale Item Responses:**

3. I flare up quickly, but get over it quickly.
29. At times I feel like a bomb ready to explode.

19. I am a calm person. (Reverse scored)
32. Some of my friends think I am a hothead.

7. At times I get very angry for no good reason.
12. I have trouble controlling my temper.

22. I let my anger show when I do not get what I want.
Hostility Scale Item Responses:

28. I do not trust strangers who are too friendly.
2. Other people always seem to get the breaks.
5. At times I feel I have gotten a raw deal out of life.
9. I wonder why sometimes I feel so bitter about things.
16. I wonder what people want when they are nice to me.
21. I sometimes feel that people are laughing at me behind my back.
31. I know that “friends” talk about me behind my back.
33. At times I am so jealous I can’t think of anything else.

Indirect Aggression Scale Item Responses:

15. When people are bossy, I take my time doing what they want, just to show them.
30. When someone really irritates me, I might give him or her silent treatment.
34. I like to play practical jokes.
13. If I’m angry enough, I may mess up someone’s work.
14. I have been mad enough to slam a door when leaving someone behind in the room.
18. I sometimes spread gossip about people I don’t like.
Item Responses:
1. 5 13. 1 25. 5
2. 1 14. 1 26. 5
3. 5 15. 3 27. 4
4. 4 16. 1 28. 3
5. 1 17. 2 29. 3
6. 5 18. 1 30. 3
7. 1 19. 2 31. 1
8. 5 20. 4 32. 2
9. 1 21. 1 33. 1
10. 3 22. 1 34. 2
11. 4 23. 5
12. 1 24. 3

Response Key
1 Not at all like me
2 A little like me
3 Somewhat like me
4 Very much like me
5 Completely like me
- Missing Response

Number of Missing Responses: 0


