

Hostility Inventory

By Arnold H. Buss and Ann Durkee

Use the answer sheet for recording your answers to the sixty-six statements listed below and on the next page. Decide if each of the statements is true (T) or false (F) as it pertains to you and record your response on the appropriate line on the answer sheet.

1. Unless somebody asks me in a nice way, I won't do what they want.
2. I don't seem to get what I deserve.
3. I sometimes spread gossip about people I don't like.
4. Once in a while I cannot control my urge to harm others.
5. I know that people tend to talk about me behind my back.
6. I lose my temper easily but get over it quickly.
7. When I disapprove of my friends' behavior, I let them know it.
8. When someone makes a rule I don't like, I am tempted to break it.
9. Other people always seem to get what they want without even trying.
10. I never get mad enough to throw things.
11. I can think of no good reason for ever hitting anyone.
12. I tend to be on my guard with people who are somewhat friendlier than I expected.
13. I am always patient with others.
14. I often find myself disagreeing with people.
15. When someone is bossy, I do the opposite of what he asks.
16. When I look back on what's happened to me, I can't help feeling mildly resentful.
17. When I am mad, I sometimes slam doors.
18. If somebody hits me first, I hit them back.
19. There are a number of people who seem to dislike me very much.
20. I am irritated a great deal more than people are aware of.
21. I can't help getting into arguments with people when they disagree with me.
22. When people are bossy, I refuse to cooperate.
23. Almost every week I see someone I dislike.
24. I never play practical jokes.
25. Whoever insults me or my family is asking for a fight.
26. There are a number of people who seem to be jealous of me.
27. It makes my blood boil to have somebody make fun of me.
28. I demand that people respect my rights.
29. Occasionally when I am mad at someone I will give him the "silent treatment."
30. Although I don't show it, I am sometimes overcome with jealousy.
31. When I am angry, I sometimes sulk.
32. People who continually annoy me are asking for a punch.
33. I sometimes have the feeling that others are laughing at me.
34. If someone doesn't treat me right, I don't let it annoy me.
35. Even when I'm angry, I don't use obscenities.

36. I don't know any people that I downright hate.
37. I sometimes sulk when I don't get my own way.
38. I rarely strike back, even if someone hits me first.
39. My motto is "Never trust strangers."
40. Sometimes people bother me by just being around.
41. If somebody annoys me, I am likely to tell him what I think of him.
42. If I let people see the way I feel, I'd be considered a hard person to get along with.
43. Since the age of ten, I have never had a temper tantrum.
44. When I really lose my temper, I am capable of hitting someone.
45. I commonly wonder what hidden reason another person may have for doing something nice for me.
46. I often feel like a powder keg ready to explode.
47. When people yell at me, I yell back.
48. At times I feel like life has treated me unfairly.
49. I can remember being so angry that I picked up the nearest thing and broke it.
50. I get into fights about as often as the next person.
51. I used to think that most people told the truth but now I know otherwise.
52. I sometimes carry a chip on my shoulder (to carry a chip on one's shoulder is to feel so inferior or badly treated that one acts in an oversensitive and resentful manner).
53. When I get mad, I say nasty things.
54. I sometimes act out when I am angry.
55. If I have to resort to physical violence to defend my rights, I will.
56. I have no enemies who really wish to harm me.
57. I can't help being a little rude to people I don't like.
58. I could not tell someone off even if he deserved it.
59. I have known people who pushed me so far that we got into a physical fight.
60. I rarely feel that people are trying to anger or insult me.
61. I don't let a lot of unimportant things irritate me.
62. I often make threats I don't really mean to carry out.
63. Lately, I have been kind of grouchy.
64. When arguing, I tend to raise my voice.
65. I generally cover up my poor opinion of others.
66. I would rather give in than get into an argument about something.

NAME: _____

DATE: _____

HOSTILITY INVENTORY

ANSWER SHEET



**OVERALL
TOTAL
SCORE**

NE	RE	IN	AS	SU	IR	VE
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1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____
8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____
15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____
22. _____ 23. _____ 24. _____ 25. _____ 26. _____ 27. _____ 28. _____
29. _____ 30. _____ 31. _____ 32. _____ 33. _____ 34. _____ 35. _____
36. _____ 37. _____ 38. _____ 39. _____ 40. _____ 41. _____
42. _____ 43. _____ 44. _____ 45. _____ 46. _____ 47. _____
48. _____ 49. _____ 50. _____ 51. _____ 52. _____ 53. _____
54. _____ 55. _____ 56. _____ 57. _____ 58. _____
59. _____ 60. _____ 61. _____ 62. _____
63. _____ 64. _____
65. _____
66. _____

NAME: _____ DATE: _____

The DVAP program requires all clients to be in compliance with the following exit criteria before they are discharged:

1. Were you able to cease all violent or physically abusive behavior? Yes No

2. A reduction in psychological abuse? Yes No

3. What triggers do you believe precede abusive or violent behavior?

4. Identify three controlling behaviors you used in the past in your relationships?

5. What non-abusive behaviors have you learned that can substitute for the violent or abusive behavior?

6. How did you contribute to your arrest and domestic violence charge?

7. Have you accepted responsibility for your role in the situation?

Public file: DV
Revised 6-21-18

❖ COUNSELOR ONLY: PLEASE CONTACT DVAP THAT CLIENT HAS COMPLETED TREATMENT



Thank you for your feedback!

Your answers are confidential and will be used for statistical purposes by the State of Washington in order to make continuous improvements in treatment. **Do not** provide your name. When finished, seal this form in the envelope that was provided. Thank you!

- Please select your type of discharge from this program: Transfer Successful completion Incomplete
- What is your current age? 18-29 30-39 40-49 Over 50
- What is your ethnicity? Black Hispanic Caucasian Asian Native American Other: _____
- How many weeks did you attend treatment? 1-8 9-24 25-36 37-52 More than 52 weeks
- What level of treatment were you in at the time of discharge? Level 1 Level 2 Level 3 Level 4
- Who are you living with at this time? The victim A significant other who is not the victim No one or 'other'

When a scale of 1-5 is given, 5 is high or very likely. If you are being discharged from Level 4 treatment, start at 6 below.

1. Please rate your level of accountability before starting this program: 1 2 3 4 5
2. Please rate your level of accountability now: 1 2 3 4 5
3. Which of these 'thinking errors' did you use to justify or excuse your abusive behaviors (check all that apply):

<input type="checkbox"/> Black and white thinking	<input type="checkbox"/> Personalization	<input type="checkbox"/> 'Should' statements	<input type="checkbox"/> Catastrophizing	<input type="checkbox"/> Magnifying
<input type="checkbox"/> Minimizing	<input type="checkbox"/> Mindreading	<input type="checkbox"/> Fortune telling	<input type="checkbox"/> Overgeneralization	<input type="checkbox"/> Filtering
<input type="checkbox"/> Discounting the positive	<input type="checkbox"/> Labeling	<input type="checkbox"/> Blaming	<input type="checkbox"/> Emotional reasoning	<input type="checkbox"/> Control fallacy
<input type="checkbox"/> Always being 'right'	<input type="checkbox"/> Self-serving bias	<input type="checkbox"/> Fallacy of change		
<input type="checkbox"/> Other (please list): _____				
4. Please select what your main motivations for using abusive behaviors were (check all that apply):

<input type="checkbox"/> A sense of entitlement	<input type="checkbox"/> A belief that I should have power and control over my partner
<input type="checkbox"/> Learned experience that abuse got me what I wanted	<input type="checkbox"/> The need to be right or win at all costs
<input type="checkbox"/> Insecurity and/or fear	<input type="checkbox"/> Other: _____
5. Did you complete an accountability plan that you are still following? Yes No
6. Please describe the connection between thoughts, feelings and behaviors (use the back if you need more space):

7. Do you have the skills to meet your needs in non-abusive and health ways? Yes No
8. Give a recent example of a situation where you were successful in using a healthy relationship skill:

9. Did you have a pattern of abusive thinking and behaving before treatment? Yes No
10. If you answered yes to Question 9, then have you broken that pattern of abusive thinking and behaving? Yes No

11. Please select the types of abuse you used (check all that apply)

a. Before treatment:

- None Physical Emotional Sexual Verbal Psychological Financial Threats Other

b. During the first six months of treatment:

- None Physical Emotional Sexual Verbal Psychological Financial Threats Other

c. During the last six months of treatment:

- None Physical Emotional Sexual Verbal Psychological Financial Threats Other

12. Please check all the words that describe the relationship you have with the staff who led your treatment:

- Excellent Encouraging Supportive Tough love Negative Shaming or harsh Poor
 Other: _____

What do you think this program did well? Use the back if you need more space.

What are some ways you think this program could improve? Use the back if you need more space.