Anger is a powerful source of energy that can be called upon to fuel extraordinary achievements as well as unspeakable calamity. Misdirection of anger into inappropriately aggressive acts plays an important part in many psychological and behavioral disorders. Indeed, in everyday experience, aggressive acts that are counterproductive, frankly dangerous, or even shockingly savage are fairly commonplace. In recent years, moreover, public attention has been focused repeatedly on the tragic results of violent acts committed by angry, alienated individuals. A sweeping demand has arisen for the development and provision of systematic, preventive services for these individuals. In this context, it has become increasingly apparent that there is a need for sound, effective assessment instruments to aid in evaluating an individual’s aggressive responses and ability to channel those responses in a safe and constructive manner. The Aggression Questionnaire (AQ) is uniquely suited to address this need.

**General Description**

The AQ is an updated version of the Buss-Durkee Hostility Inventory (Buss & Durkee, 1957), a long-time standard for assessing anger and aggression. It is a brief measure, consisting of only 34 items scored on five scales—Physical Aggression (PHY), Verbal Aggression (VER), Anger (ANG), Hostility (HOS), and Indirect Aggression (IND). An AQ Total score is also provided, along with an Inconsistent Responding (INC) index score as a validity indicator.

Each AQ item describes a characteristic related to aggression, and the individual taking the test rates the description on a scale from 1 = “Not at all like me” to 5 = “Completely like me.” The items can be read and understood easily by anyone with at least a 3rd-grade reading ability. The brevity and easy reading level of the AQ make it particularly suitable for use with youngsters, as well as with adults who may have difficulty completing more complex verbal measures.

The norms for the AQ are based on a standardization sample of 2,138 individuals, ages 9–88. The test can be administered to respondents individually or in groups. For research purposes, administration can be limited to the first 15 items of the inventory, and short versions of each scale can be scored.

**Uses and Limitations**

As a simple paper-and-pencil measure, the AQ can be administered and scored by any trained technician. Interpretation of the results, however, should always be overseen by a professional who has had supervised training and experience in the use of psychological tests.

In clinical settings, the availability of five subscale scores on the AQ provides a level of detail that is particularly useful for treatment planning. The AQ can also be used to monitor progress over the course of treatment. In correctional settings, the simplicity of the AQ makes it a viable option for documenting the need for services and for focusing rehabilitation activities with inmates who might be unable or unwilling to respond accurately to longer or more complicated paper-and-pencil measures. This is true whether evaluations are conducted on an individual or facility-wide basis.

The brevity and psychometric integrity of the AQ make it a useful tool for program evaluation settings, because it can be administered quickly to large numbers of respondents to establish baseline levels of aggression and to document program outcomes systematically. The measure is also appropriate for use in research settings where a brief measure of aggressive characteristics is desired for making group comparisons or for documenting aggression-related effects of psychoactive drugs during clinical trials.

As with any assessment instrument, AQ results should not be used as the sole basis for clinical decision making regarding diagnosis or the offering of services. Such deci-
sions should always be made with the fullest possible range of information, including a detailed history, interviews with the individual and his or her significant others, relevant professional consultations, and the results of appropriate additional psychological or medical assessments. Additionally, as with most self-report measures, users should always be aware that dishonest or defensive responding may reduce the accuracy and thus the usefulness of AQ results.

**Contents of This Manual**

Chapter 2 of this Manual contains instructions for administering and scoring the test, and includes a completed sample of the hand-scored administration form. Guidelines for interpreting AQ results are presented in chapter 3. Chapter 4 reviews the test’s initial development as the Buss-Durkee Hostility Inventory (Buss & Durkee, 1957), and describes how the current version of the test was developed and standardized. Chapter 5 discusses the instrument’s basic psychometric properties and offers an overview of research that has been conducted with the test. Appendix A presents a topical bibliography of relevant studies. Appendix B describes the short, 15-item version of the AQ that can be used in research settings. The “Computerized Services for the AQ” section at the back of the Manual describes how the AQ can be administered and scored by computer. A sample of the computer-generated WPS TEST REPORT for the AQ is provided, along with sample administration forms for computer scoring.