

Your Name:

Child's Name:

Date:

Instructions to the parent: For each item below, please select the option that best describes your child. Please answer all items.

	Never	Sometimes	Often	Always
1. My child worries about things.				
2. My child is scared of the dark.				
3. When my child has a problem, (s)he complains of having a funny feeling in his/her stomach.				
4. My child complains of feeling afraid.				
5. My child would feel afraid of being on his/her own at home.				
6. My child is scared when (s)he has to take a test.				
7. My child is afraid when (s)he has to use public toilets or bathrooms.				
8. My child worries about being away from us / me.				
9. My child feels afraid that (s)he will make a fool out of him/herself in front of people.				
10. My child worries that (s)he will do badly at school.				
11. My child worries that something awful will happen to someone in our family.				
12. My child complains of suddenly feeling as if (s)he can't breathe when there is no reason for this.				
13. My child has to keep checking that (s)he has done things right (like the switch is off, or the door is locked).				
14. My child is scared if (s)he has to sleep on his/her own.				
15. My child has trouble going to school in the mornings because (s)he feels nervous or afraid.				
16. My child is scared of dogs.				
17. My child can't seem to get bad or silly thoughts out of his/her head.				
18. When my child has a problem, (s)he complains of his/her heart beating really fast.				
19. My child suddenly starts to tremble or shake when there is no reason for this.				
20. My child worries that something bad will happen to him/her.				
21. My child is scared of going to the doctor or dentist.				

Instructions to the parent: For each item below, please select the option that best describes your child. Please answer all items.	Never	Sometimes	Often	Always
22. When my child has a problem (s)he feels shaky.				
23. My child is scared of heights (e.g. being at the top of a cliff).				
24. My child has to think special thoughts (like numbers or words) to stop bad things from happening.				
25. My child feels scared if (s)he has to travel in the car, or on a bus or train.				
26. My child worries what other people think of him/her.				
27. My child is afraid of being in crowded places (shopping centers, movies, busy playgrounds, buses).				
28. All of a sudden my child feels really scared for no reason at all.				
29. My child is scared of insects or spiders.				
30. My child complains of suddenly becoming dizzy or faint when there is no reason for this.				
31. My child feels afraid when (s)he has to talk in front of the class.				
32. My child complains of his/her heart suddenly starting to beat too quickly for no reason.				
33. My child worries that (s)he will suddenly get a scared feeling when there is nothing to be afraid of.				
34. My child is afraid of being in closed places like tunnels or small rooms.				
35. My child has to do things over and over again (like washing his/her hands, cleaning things or putting things in a certain order).				
36. My child gets bothered by bad or silly thoughts or pictures in his/her head.				
37. My child has to do certain things in just the right way to stop bad things from happening.				
38. My child would feel scared if (s)he had to stay away from home overnight.				
39. If there is anything else your child is afraid of, please indicate what it is and how often he/she is afraid of this thing:				