

		Not at all (0)	Sometimes (1)	Pretty Much (2)	Very Much (3)	All the Time (4)
1	Complains of stomach aches					
2	Pouts and sulks					
3	Unable to make up his/her mind					
4	Cries often					
5	Moves slowly					
6	Complains of headache					
7	Demonstrates slow speech					
8	Spends more time with adults					
9	Spends time alone in room					
10	Self critical					
11	Finds it difficult to leave parents					
12	Forgetful					
13	Easily frustrated					
14	Tires easily					
15	Gets angry					
16	Hostile to others					
17	Sullen					
18	Bowel problems					
19	Nausea or vomiting					
20	Temper outbursts					
21	Suicidal Thoughts					
22	Eats poorly					
23	Refuses to go to School					
24	Leaves school - "hooks"					
25	Moody or irritable					
26	Talks about fear of parents dying					
27	Awakens in a.m. earlier than necessary					
28	Needs help from adults					

		Not at all (4)	Sometimes (3)	Pretty Much (2)	Very Much (1)	All the Time (0)
29	Appears happy					
30	Talks a lot					
31	Carefree in spirit					
32	Enjoys new situations					
33	Cheerful in nature					
34	Neat appearance					
35	Falls asleep well					
36	Works on tasks enthusiastically					
37	Sleeps through the night					
38	Generally outgoing					

PARENT FORM

Child's Name: _____

Date: _____

Parent's Name: _____

Identification #: _____

Below is a list of items that describe how people feel. For each item that describes your child, please circle the 2 if the item is very true or often true of your child. Circle the 1 if the item is somewhat or sometimes true of your child. If the item is not true of your child, please circle the 0. Please answer all items as well as you can, even if some do not seem to concern your child.

- 0 = Not true or hardly ever true
- 1 = Somewhat true or sometimes true
- 2 = Very true or often true

1	When my child feels frightened, it is hard for him/her to breathe.	0 1 2
2	My child gets headaches when he/she is at school.	0 1 2
3	My child doesn't like to be with people he/she doesn't know well.	0 1 2
4	My child gets scared if he/she sleeps away from home.	0 1 2
5	My child worries about other people liking him/her.	0 1 2
6	When my child gets frightened, he/she feels like passing out.	0 1 2
7	My child is nervous.	0 1 2
8	My child follows me wherever I go (he/she is like my "shadow").	0 1 2
9	People tell my child that he/she looks nervous.	0 1 2
10	My child feels nervous with people he/she doesn't know well.	0 1 2
11	My child gets stomach aches at school.	0 1 2
12	When my child gets frightened, he/she feels like he/she is going crazy.	0 1 2
13	My child worries about sleeping alone.	0 1 2
14	My child worries about being as good as other kids.	0 1 2
15	When my child gets frightened, he/she feels like things are not real.	0 1 2
16	My child has nightmares about something bad happening to his/her parents.	0 1 2
17	My child worries about going to school.	0 1 2

PLEASE COMPLETE THE NEXT PAGE

0 = Not true or hardly ever true 1 = Somewhat true or sometimes true
 2 = Very true or often true

18	When my child gets frightened, his/her heart beats fast.	0 1 2
19	My child gets shaky.	0 1 2
20	My child has nightmares about something bad happening to him/herself.	0 1 2
21	My child worries about things working out for him/her.	0 1 2
22	When my child gets frightened, he/she sweats a lot.	0 1 2
23	My child is a worrier.	0 1 2
24	My child gets really frightened for no reason at all.	0 1 2
25	My child is afraid to be alone in the house.	0 1 2
26	It is hard for my child to talk with people he/she doesn't know well.	0 1 2
27	When my child gets frightened, he/she feels like he/she is choking.	0 1 2
28	People tell my child that he/she worries too much.	0 1 2
29	My child doesn't like to be away from his/her family.	0 1 2
30	My child is afraid of having anxiety (or panic) attacks.	0 1 2
31	My child worries that something bad might happen to his/her parents.	0 1 2
32	My child feels shy with people he/she doesn't know well.	0 1 2
33	My child worries about what is going to happen in the future.	0 1 2
34	When my child gets frightened, he/she feels like throwing up.	0 1 2
35	My child worries about how well he/she does things.	0 1 2
36	My child is scared to go to school.	0 1 2
37	My child worries about things that have already happened.	0 1 2
38	When my child gets frightened, he/she feels dizzy.	0 1 2
39	My child feels nervous when he/she is with other children or adults and has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport).	0 1 2
40	My child feels nervous about going to parties, dances, or any place where there will be people he/she does not know well.	0 1 2
41	My child is shy.	0 1 2

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David A. Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pgh. (10/95).
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Screen for Child

Child Version

Name: _____

Date: _____

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When I feel frightened, it is hard to breathe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When I get frightened, I sweat a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I get really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When I get frightened, I feel like I am choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that I worry too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I don't like to be away from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I worry that something bad might happen to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel shy with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. When I get frightened, I feel like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I worry about how well I do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I am scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I worry about things that have already happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. When I get frightened, I feel dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I am shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>