

Childhood Anxiety Checklist

Name: _____ Date: _____

INSTRUCTIONS: Pick out the **one answer** that best describes the way you have been feeling during the past two weeks, including today. Circle the number of the correct answer. Please do not choose more than one number for each statement. Respond to each situation as best you can: if it's not a problem at all; if it's a mild problem, that is bothersome but doesn't interfere with daily activities; or a moderate problem, that does interfere with daily activities; or a severe problem, that makes it very hard to have a normal day at all.

Is this statement true?	Not a Problem	Mild	Moderate	Severe
1. I am a worrier	0	1	2	3
2. I am a nervous person	0	1	2	3
3. I get headaches at school	0	1	2	3
4. I feel so nervous it's hard to breathe	0	1	2	3
5. I get scared if I sleep away from home	0	1	2	3
6. I get so nervous I feel like passing out	0	1	2	3
7. I feel nervous with people I don't know well	0	1	2	3
8. I get stomach aches at school	0	1	2	3
9. I worry about sleeping alone	0	1	2	3
10. I worry about going to school	0	1	2	3
11. When I get nervous my heart beats very fast	0	1	2	3
12. I get shaky sometimes	0	1	2	3
13. I have nightmares or bad dreams	0	1	2	3
14. When I get nervous I sweat a lot	0	1	2	3
15. I get really scared for no reason at all	0	1	2	3
16. I am afraid to stay by myself in the house	0	1	2	3
17. When I get nervous sometimes I feel like I am choking	0	1	2	3
18. Sometimes I have anxiety attacks	0	1	2	3
19. I worry that something bad might happen to my parents	0	1	2	3
20. I worry a lot about doing well in school	0	1	2	3
21. I worry about what's going to happen in the future	0	1	2	3
22. When I get nervous I feel dizzy.	0	1	2	3
23. Sometimes I have panic attacks	0	1	2	3
24. I feel nervous when I have to do something in front of people	0	1	2	3
25. I am a shy person	0	1	2	3

MEAN ITEM SCORE		TOTAL SCORE	
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