# Parent Proxy Anxiety

**Please respond to each question or statement by marking one box per row.**

**In the past 7 days...**

| | | Never | Almost Never | Sometimes | Often | Almost Always |
|---|---|---|---|---|---|---|
| Pf1anxiety8r | My child felt nervous ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf2anxiety2r | My child felt scared..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf2anxiety9r | My child felt worried..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf2anxiety1r | My child felt like something awful might happen ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf1anxiety3r | My child worried about what could happen to him/her..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf2anxiety4r | My child worried when he/she went to bed at night ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf2anxiety5r | My child worried when he/she was at home ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf1anxiety6r | My child worried when he/she was away from home ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf1anxiety1r | My child got scared really easy..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf1anxiety5r | My child woke up at night scared ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |


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| | **In the past 7 days...** | **Never** | **Almost Never** | **Sometimes** | **Often** | **Almost Always** |
|---|---|---|---|---|---|---|
| Pf2anxiety3r | My child was worried he/she might die .... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 4 |
| Pf1anxiety9r | It was hard for my child to relax ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf2anxiety7r | My child was afraid of going to school..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |


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