Pediatric 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
7005	I felt too nervous to be with a group of kids my age.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2220R2r	I felt like something awful might happen..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2230R1r	I got scared really easy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
227bR1r	I felt scared	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
231R1r	I worried about what could happen to me .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3021R1r	I was worried I might die	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3149R1r	I woke up at night scared.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3150bR2r	I worried when I went to bed at night	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3459aR1r	I worried when I was away from home.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3459bR1r	I worried when I was at home	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3977R1r	I was afraid of going to school	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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	In the past 7 days...	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
5044R1r	I felt worried.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7006	I worried that something might happen to my parents or guardians	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
713R1r	I felt nervous.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
953R1r	It was hard for me to relax.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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