Parent Proxy Anxiety – Short Form 8a

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
Pf2anxiety5r	My child worried when he/she was at home	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1anxiety1r	My child got scared really easy	☐ 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

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