Fear – Separation Anxiety (Ages 3-7) Parent Report – Fixed Form

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

	Please indicate how often or true the behavior is of your child…	**Never or not true**	**Sometimes or somewhat true**	**Often or very true**
PedProxAnx38	Worries that something bad will happen to people he/she is close to	☐ 0	☐ 1	☐ 2
PedProxAnx39	Worries about being separated from loved ones ...	☐ 0	☐ 1	☐ 2
PedProxAnx40	Avoids school to stay home.....	☐ 0	☐ 1	☐ 2
PedProxAnx43	Has nightmares about being abandoned	☐ 0	☐ 1	☐ 2
PedProxAnx44	Complains of feeling sick before separating from those he/she is close to	☐ 0	☐ 1	☐ 2
PedProxAnx45	Is overly upset when leaving someone he/she is close to.....	☐ 0	☐ 1	☐ 2
PedProxAnx47	Is afraid of being away from home.....	☐ 0	☐ 1	☐ 2

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