Fear – Over Anxious (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**
PedProxAnx29	Worries about things in the future	☐ 0	☐ 1	☐ 2
PedProxAnx31	Worries about past behavior	☐ 0	☐ 1	☐ 2
PedProxAnx32	Worries about doing better at things.....	☐ 0	☐ 1	☐ 2
PedProxAnx35	Is self-conscious or easily embarrassed.....	☐ 0	☐ 1	☐ 2
PedProxAnx36	Needs to be told over and over that things are okay	☐ 0	☐ 1	☐ 2
PedProxAnx37	Is nervous, high strung or tense	☐ 0	☐ 1	☐ 2

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