Fear (Ages 8-17) – Item Bank and Fixed Form

For use in Computerized Adaptive Tests and custom Fixed-length Forms

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**
PedRepAnx42	I felt scared.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PedRepAnx43	I worried about what could happen to me..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PedRepAnx44	I felt worried.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PedRepAnx45	I felt like something awful might happen ..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PedRepAnx46	I worried when I went to bed at night	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PedRepAnx48	I felt nervous	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PedRepAnx50	I worried when I was at home.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PedRepAnx51	I got scared really easily.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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