



PEDIATRIC ANXIETY AND MOOD ASSESSMENT

Child's Name: _____ Today's Date: _____

Caregiver's Name: _____ Relationship to Child: _____

Instructions: How often has your child been bothered by each of the following symptoms **during the past 7 days**? For each symptom, put an "X" or a "✓" in the box beneath the answer that best describes how your child has been feeling to the best of your knowledge.

Pediatric Generalized Anxiety Severity Measure—Caregiver Report							STAFF ONLY
	<i>During the past 7 days, my child has...</i>	Never (0)	Occasionally (1)	Half of the time (2)	Most of the time (3)	All of the time (4)	Item Score
1	Felt moments of sudden terror, fear, or fright						
2	Felt anxious, worried, or nervous						
3	Had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents						
4	Felt a racing heart, sweaty, trouble breathing, faint, or shaky						
5	Felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping						
6	Avoided, or did not approach or enter, situations about which they worry						
7	Left situations early or participated minimally due to worries						
8	Spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries						
9	Sought reassurance from others due to worries						
10	Needed help to cope with anxiety						
Total/Raw Score							
Average Total Score							

Pediatric Mood Severity Measure—Caregiver Report						STAFF ONLY
	<i>During the past 7 days, my child has experienced...</i>	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)	Item Score
1	Feeling down, depressed, irritable, or hopeless?					
2	Little interest or pleasure in doing things?					
3	Trouble falling asleep, staying asleep, or sleeping too much?					
4	Poor appetite, weight loss, or overeating?					
5	Feeling tired, or having little energy?					
6	Feeling bad about themselves—or feeling that they are a failure, or that they have let themselves or the family down?					
7	Trouble concentrating on things like schoolwork, reading, or watching TV?					
8	Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that they were moving around a lot more than usual?					
9	Thoughts that they would be better off dead, or of hurting themselves in some way?					
Total/Raw Score						