

Completion date: 1 / 1 / 8
month day year

Child's Name: _____

PARENT

Please answer these questions about the recent past. **Recently...**

- 1 Has your child often seemed nervous or uncomfortable when he/she has been with a group of children, say like in the lunchroom at school or at a party? NO Yes
- 2 Has he/she often seemed nervous or uncomfortable when he/she was with people he/she didn't know well? NO Yes
- 3 Has he/she often seemed very nervous when he/she had to do things in front of other people? No Yes
- 4 Has he/she been very afraid of dogs, birds, snakes, insects, or any other animals? No Yes
- 5 Has he/she been very afraid of being high up or in a high place? No Yes
- 6 Has he/she been very afraid of thunder and lightning? No Yes
- 7 Has he/she been very afraid of being in the dark? No Yes
- 8 Has he/she been very afraid of being in an elevator or on an escalator? No Yes
- 9 Has seeing a needle or getting a shot made him/her much more afraid than other people? No Yes
- 10 Has the sight of blood or cuts made him/her very afraid? No Yes
- 11 For this next question, I want to know if your child has ever had a sudden attack of feeling very afraid. In the kind of attack I mean, someone becomes very afraid even though there is nothing around to frighten them.
Sometimes they feel they can't breathe...sometimes their heart beats very fast. The attacks come on very suddenly and then go away, but they get afraid that the attacks might come back.
Recently, has your child had an attack when all of a sudden he/she felt very afraid or strange? No Yes
- 12 Has he/she often been afraid of being on bridges or in tunnels? No Yes
- 13 Has your child often been afraid of being in crowded places? No Yes
- 14 Has he/she often been afraid to go out of the house by himself/herself? No Yes
- 15 Do you live in a dangerous neighborhood, where most people your child's age are worried or nervous about going outside? No Yes
- 16 Has he/she been more scared about traveling or going outside by himself/herself than other people his/her age? No Yes
- 17 If he/she really had to travel or leave the house by himself/herself, could he/she have done that? No Yes
- 18 Has he/she gotten worried or scared just thinking about having to travel or leave the house by himself/herself? No Yes

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Recently

- 19 Has there been a time when your child often seemed very nervous or upset when he/she couldn't be with you? No Yes
- 20 If you have gone out someplace without him/her, has he/she often gotten very upset or begged you not to leave? No Yes
- 21 Has there been a time when he/she had a lot of bad dreams or nightmares? No Yes
- 22 Was there a time when he/she seemed worried that something might happen that would leave him/her without his/her family; like getting lost or being kidnapped? No Yes
- 23 Has there been a time when he/she often wanted to stay at home and not go to school or other places without you? No Yes
- 24 Has there been a time when he/she said that he/she had headaches or stomach aches or felt sick before going to school? No Yes
- 25 Has there been a time when your child often wanted to have you near him/her before he/she could fall asleep? No Yes
- 26 Some young people have times when one thought or idea comes into their mind over and over again. When people have these thoughts they usually get upset, because the thoughts are strange. No matter how hard they try, the thoughts keep coming back. Now I'm going to ask you whether your child has had thoughts like these recently.
- Has there been a time when your child washed his/her hands or body over and over again or changed his/her clothes many times each day because he/she said they were dirty? No Yes
- 27 Has he/she counted certain things over and over again, or made himself/herself do things a certain number of times? No Yes
- 28 Have there been any other things that your child did over and over again, and that it seemed like he/she couldn't stop doing things like praying over and over, or touching things a certain number of times, or in a certain way over and over again until he/she felt okay? No Yes
- 29 Has he/she done things like counting, checking or washing over and over again because he/she likes to do these things? No Yes
- 30 Has he/she done things like counting, checking or washing over and over again, only because you or someone else told him/her to make sure that he/she had done them right? No Yes
- 31 Has he/she wished he/she could stop himself/herself from doing things like counting, checking or washing over and over again? No Yes
- 32 Has he/she spent a lot of time each day doing things like counting, checking or washing over and over again...say, as long as an hour? No Yes
- 33 Has he/she often seemed to worry a lot when he/she made small mistakes doing his/her homework or on the other projects or activities? No Yes

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Recently

- 34 Has he/she often seemed worried that he/she has made a mistake or has done something the wrong way? No Yes
- 35 Has he/she often seemed very worried before going to play a sport or game or do some other activity? No Yes
- 36 Has he/she often said he/she had a stomachache? No Yes
- 37 Has he/she often seemed very worried that he/she might have some sickness or illness? No Yes
- 38 Has he/she often seemed very worried before he/she took a test or handed in an important assignment or had to get something ready for a deadline? No Yes
- 39 Is he/she the kind of person who is often very tense, or who seems to find it very hard to relax? No Yes
- 40 Has he/she often seemed worried that he/she made a fool of himself/herself in front of other people? No Yes
- 41 Has there been a time when it seemed like nothing was fun for him/her and he/she just wasn't interested in anything? No Yes
- 42 Has there been a time when he/she seemed to have less energy than he/she usually does? No Yes
- 43 Has there been a time when it seemed like he/she couldn't think as clearly or as fast as usual? No Yes
- 44 Recently did he/she talk seriously about killing himself/herself? No Yes
- 45 Has he/she tried to kill himself/herself recently? No Yes
- 46 Has there been a time when he/she had trouble sleeping—that is, trouble falling asleep, staying asleep, or waking up too early? No Yes
- 47 Has there been a time when your child seemed to do things like walking or talking much more slowly than usual? No Yes
- 48 Has there been a time when he/she seemed to have trouble keeping his/her mind on his/her schoolwork or other things? No Yes
- 49 Has there been a time when he/she said he/she couldn't do anything well or that he/she wasn't as good looking or as smart as other people? No Yes
- 50 Was there a time when he/she began to have ideas that other people thought were strange...like thinking that he/she was being controlled by magic...or was being sent messages through the television...or that he/she was being followed or spied on...or did he/she say that he/she heard voices others couldn't hear or have visions and see things that other people couldn't see? No Yes
- 51 Was there a time when he/she began to act like something was seriously wrong with his/her mind, or when he/she stopped caring about his/her friends, or stopped caring whether he/she was clean or looked okay? No Yes
- 52 Has he/she often had trouble finishing his/her homework or other things he/she is supposed to do? No Yes
- 53 Has he/she often not listened when people are speaking to him/her? No Yes

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Recently

- 54 Recently, has he/she taken medication for being overactive, being hyperactive, or having trouble paying attention? No Yes
- 55 Has your child often forgotten what he/she is supposed to be doing or what he/she had planned to do? No Yes
- 56 Has he/she often found it hard to keep his/her mind on what he/she was doing when other things are going on? No Yes
- 57 Sometimes people are supposed to stay in their seats, like at school or when they go somewhere like to the movies or to a library or to a restaurant.
Recently has he/she often left his/her seat when he/she wasn't supposed to? No Yes
- 58 Has he/she often made a lot of mistakes because it's hard for him/her to do things carefully? No Yes
- 59 Has he/she often talked a lot more than other children his/her age? No Yes
- 60 Everybody has times when they have trouble concentrating or keeping their mind on what they are doing. What we want to know is whether your child has had difficulty concentrating or keeping his/her mind on what he/she is doing most of the time.
Recently, has he/she often had trouble keeping his/her mind on what he/she is doing for more than a short time? No Yes
- 61 Has he/she often climbed on things or run around when he/she isn't supposed to? No Yes
- 62 Has he/she often interrupted other people when they are talking or when they are busy? No Yes
- 63 Has he/she often gotten himself into a dangerous situation where he/she could have been injured because he/she wasn't thinking? No Yes
- 64 Has he/she often disliked doing things where he/she has to pay attention for a long time? No Yes
- 65 Has he/she refused to do what you or his/her teachers have told him/her to do? No Yes
- 66 Has he/she been grouchy or easily annoyed? No Yes
- 67 Has he/she seemed mad at people or other things? No Yes
- 68 Has he/she gotten even with other people by doing things like hurting them, messing up their things, or telling lies about them? No Yes
- 69 Recently, did he/she swear or use dirty language? No Yes
- 70 Has he/she done mean things to people on purpose? No Yes
- 71 Has he/she done things on purpose that you or his/her teachers told him/her not to do? No Yes
- 72 Recently has your child lost his/her temper? No Yes
- 73 Has he/she blamed someone else for his/her mistakes or for things he/she did that he/she shouldn't have done? No Yes

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Recently

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- 74 Has he/she argued with or talked back to you or his/her teachers? ₀ No ₁ Yes
- 75 Now I want to ask you about bullying; you know, hitting or threatening or scaring someone who is younger or smaller, or somebody who won't fight back.
Recently, has your child bullied someone in this way? ₀ No ₁ Yes
- 76 Has he/she broken or damaged somebody else's things on purpose? ₀ No ₁ Yes
- 77 Has he/she tried to hurt someone badly or been physically cruel to someone? ₀ No ₁ Yes
- 78 Has your child lied to get money or something else he/she wanted? ₀ No ₁ Yes
- 79 Has your child broken something or messed up some place on purpose, like breaking windows, writing on a building, or slashing tires? ₀ No ₁ Yes
- 80 Has he/she hurt someone with a weapon like a bat, brick, broken bottle, knife or gun? ₀ No ₁ Yes
- 81 Has he/she stolen from someone else when they weren't around or weren't looking? ₀ No ₁ Yes
- 82 Has he/she broken into a house, building, or a car? ₀ No ₁ Yes
- 83 Has he/she been physically cruel to an animal and hurt it on purpose? ₀ No ₁ Yes
- 84 Has he/she been expelled from school for misbehavior—that is, told that he/she could never go back to that school at all? ₀ No ₁ Yes
- 85 Has your child been in a physical fight in which someone was hurt or could have been hurt? ₀ No ₁ Yes
- 86 Has he/she faked someone's name on a check or used someone's credit card without permission? ₀ No ₁ Yes
- 87 Has your child secretly stolen money or other things from you or his/her family or from other people he/she lives with? ₀ No ₁ Yes
- 88 Has he/she lied so that he/she wouldn't have to pay back money he/she owed or to get out of something important he/she was supposed to do? ₀ No ₁ Yes

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- 89 Has he/she threatened someone in order to steal from them? ₀ No ₁ Yes
- 90 Recently, did he/she miss school to go drinking, or because he/she was hung over? ₀ No ₁ Yes
- 91 Did he/she get into arguments with his/her family members or friends because he/she was using marijuana? ₀ No ₁ Yes

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- 92 Did he/she miss school to use marijuana or because he/she was too high on marijuana to go to school? ₀ No ₁ Yes