



Brief Assessment of Anxiety and PTSD: Child / Youth

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| COMPLETED BY: | DATE | CHILD'S NAME | CHILD AGE |
|---------------|------|--------------|-----------|

Anxiety:

Here is a list of sentences that describe how people feel. Decide if it is "Not True or Hardly Ever True," or "Somewhat True or Sometimes True," or "Very True or Very Often True" for you. Then, for each sentence, choose the answer that seems to describe you for the last three (3) months.

| | 0 Not True or Hardly Ever True | 1 Somewhat true or Sometimes True | 2 Very True or Often True |
|---|---|--|--|
| I get really frightened for no reason at all. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am afraid to be alone in the house. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People tell me that I worry too much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am scared to go to school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am shy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Anxiety: 3+ = clinical

Score: _____

Post-traumatic Stress Symptoms:

Here is a list of sentences that describe how people feel. Decide if it is "Not True or Hardly Ever True," or "Somewhat True or Sometimes True," or "Very True or Very Often True" for you. Then, for each sentence, choose the answer that seems to describe you for the last three (3) months.

| | 0 Not True or Hardly Ever True | 1 Somewhat true or Sometimes True | 2 Very True or Often True |
|---|---|--|--|
| I have scary dreams about a very bad thing that once happened to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I try not to think about a very bad thing that once happened to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I get scared when I think back on a very bad thing that once happened to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I keep thinking about a very bad thing that once happened to me even when I don't want to think about it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PTSD: 6+ = clinical

Score: _____