|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RCADSPlease check the box underneath the word that shows how often each of these things happen to your child.** **There are no right or wrong answers.** |  |  |  |  |
|  | **Never** | **Sometimes** | **Often** | **Always** |
| 1. My child worries about things
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. My child feels sad or empty
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. When my child has a problem, he/she gets a funny feeling in his/her stomach
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. My child worries when he/she thinks he/she has done poorly at something
 | [ ]  |[ ] [ ] [ ]
| 1. My child feels afraid of being alone at home
 |[ ] [ ] [ ] [ ]
| 1. Nothing is much fun for my child anymore
 |[ ] [ ] [ ] [ ]
| 1. My child feels scared when taking a test
 |[ ] [ ] [ ] [ ]
| 1. My child worries when he/she thinks someone is angry with him/her
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. My child worries about being away from me
 | [ ]  |[ ] [ ] [ ]
| 1. My child is bothered by bad or silly thoughts or pictures in his/her mind
 |[ ] [ ] [ ] [ ]
| 1. My child has trouble sleeping
 |[ ] [ ] [ ] [ ]
| 1. My child worries about doing badly at school work
 |[ ] [ ] [ ] [ ]
| 1. My child worries that something awful will happen to someone in the family
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. My child suddenly feels as if he/she can’t breathe when there is no reason for this
 | [ ]  |[ ] [ ] [ ]
| 1. My child has problems with his/her appetite
 |[ ] [ ] [ ] [ ]
| 1. My child has to keep checking that he/she has done things right (like the switch is off, or the door is locked)
 |[ ] [ ] [ ] [ ]
| 1. My child feels scared to sleep on his/her own
 |[ ] [ ] [ ] [ ]
| 1. My child has trouble going to school in the mornings because of feeling nervous or afraid
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. My child has no energy for things
 | [ ]  |[ ] [ ] [ ]
| 1. My child worries about looking foolish
 |[ ] [ ] [ ] [ ]
| 1. My child is tired a lot
 |[ ] [ ] [ ] [ ]
| 1. My child worries that bad things will happen to him/her
 |[ ] [ ] [ ] [ ]
| 1. My child can’t seem to get bad or silly thoughts out of his/her head
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. When my child has a problem, his/her heart beats really fast
 | [ ]  |[ ] [ ] [ ]
| 1. My child cannot think clearly
 |[ ] [ ] [ ] [ ]
| 1. My child suddenly starts to tremble or shake when there is no reason for this
 |[ ] [ ] [ ] [ ]
| 1. My child worries that something bad will happen to him/her
 |[ ] [ ] [ ] [ ]
| 1. When my child has a problem, he/she feels shaky
 | [ ]  |[ ] [ ] [ ]
| 1. My child feels worthless
 |[ ] [ ] [ ] [ ]
| 1. My child worries about making mistakes
 |[ ] [ ] [ ] [ ]
| 1. My child has to think of special thoughts (like numbers or words) to stop bad things from happening
 |[ ] [ ] [ ] [ ]
| 1. My child worries what other people think of him/her
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. My child is afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)
 | [ ]  |[ ] [ ] [ ]
| 1. All of a sudden my child will feel really scared for no reason at all
 |[ ] [ ] [ ] [ ]
| 1. My child worries about what is going to happen
 |[ ] [ ] [ ] [ ]
| 1. My child suddenly becomes dizzy or faint when there is no reason for this
 |[ ] [ ] [ ] [ ]
| 1. My child thinks about death
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. My child feels afraid if he/she has to talk in front of the class
 | [ ]  |[ ] [ ] [ ]
| 1. My child’s heart suddenly starts to beat too quickly for no reason
 |[ ] [ ] [ ] [ ]
| 1. My child feels like he/she doesn’t want to move
 |[ ] [ ] [ ] [ ]
| 1. My child worries that he/she will suddenly get a scared feeling when there is nothing to be afraid of
 |[ ] [ ] [ ] [ ]
| 1. My child has to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. My child feels afraid that he/she will make a fool of him/herself in front of people
 | [ ]  |[ ] [ ] [ ]
| 1. My child has to do some things in just the right way to stop bad things from happening
 |[ ] [ ] [ ] [ ]
| 1. My child worries when in bed at night
 |[ ] [ ] [ ] [ ]
| 1. My child would feel scared if he/she had to stay away from home overnight
 |[ ] [ ] [ ] [ ]
| 1. My child feels restless
 | [ ]  | [ ]  | [ ]  | [ ]  |