

# General Anxiety Disorder - Child

Please complete the survey below.

Thank you!

## During the PAST 7 DAYS, I have...

1) Felt moments of sudden terror, fear or fright

- Never
- Occasionally
- Half of the time
- Most of the time
- All of the time

## During the PAST 7 DAYS, I have...

2) Felt anxious, worries or nervous

- Never
- Occasionally
- Half of the time
- Most of the time
- All of the time

## During the PAST 7 DAYS, I have...

3) Had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents

- Never
- Occasionally
- Half of the time
- Most of the time
- All of the time

## During the PAST 7 DAYS, I have...

4) Felt a racing heart, sweaty, trouble breathing, faint, or shaky

- Never
- Occasionally
- Half of the time
- Most of the time
- All of the time

## During the PAST 7 DAYS, I have...

5) Felt tense muscles, felt on the edge or restless, or had trouble relaxing or had trouble sleeping

- Never
- Occasionally
- Half of the time
- Most of the time
- All of the time

**During the PAST 7 DAYS, I have...**

- 6) Avoided, or did not approach or enter, situations which made me worry
- Never
  - Occasionally
  - Half of the time
  - Most of the time
  - All of the time

**During the PAST 7 DAYS, I have...**

- 7) Left situations early, or participated only minimally, due to worries
- Never
  - Occasionally
  - Half of the time
  - Most of the time
  - All of the time

**During the PAST 7 DAYS, I have...**

- 8) Spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries
- Never
  - Occasionally
  - Half of the time
  - Most of the time
  - All of the time

**During the PAST 7 DAYS, I have...**

- 9) Sought reassurance from others due to worries
- Never
  - Occasionally
  - Half of the time
  - Most of the time
  - All of the time

**During the PAST 7 DAYS, I have...**

- 10) Needed help to cope with anxiety (e.g., alcohol or medication, superstitious objects, or other people)
- Never
  - Occasionally
  - Half of the time
  - Most of the time
  - All of the time