

How are things?

Date: / / 20

Time: h m

Please put a circle around the word that shows how often each of these things happen to your child.
There are no right or wrong answers.

		0	1	2	3
1	My child worries when he/she thinks he/she has done poorly at something	Never	Sometimes	Often	Always
2	My child feels scared when taking a test	Never	Sometimes	Often	Always
3	My child worries when he/she thinks someone is angry with him/her	Never	Sometimes	Often	Always
4	My child worries about doing badly at school work	Never	Sometimes	Often	Always
5	My child worries about looking foolish	Never	Sometimes	Often	Always
6	My child worries about making mistakes	Never	Sometimes	Often	Always
7	My child worries what other people think of him/her	Never	Sometimes	Often	Always
8	My child feels afraid if he/she have to talk in front of the class	Never	Sometimes	Often	Always
9	My child feels afraid that he/she will make a fool of him/herself in front of people	Never	Sometimes	Often	Always

Relationship to child/ young person (tick below):

Mother

Father

Other (please specify):

.....

NHS ID:

.....

Service allocated
case ID

.....

SUM:

