



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 you.
There are no right or wrong answers.

		0	1	2	3
1	I would feel afraid of being on my own at home	Never	Sometimes	Often	Always
2	I worry about being away from my parents	Never	Sometimes	Often	Always
3	I feel scared if I have to sleep on my own	Never	Sometimes	Often	Always
4	I have trouble going to school in the mornings because I feel nervous or afraid	Never	Sometimes	Often	Always
5	I am afraid of being in crowded places (shopping centres, the movies, buses, busy playgrounds)	Never	Sometimes	Often	Always
6	I worry when I go to bed at night	Never	Sometimes	Often	Always
7	I would feel scared if I had to stay away from home overnight	Never	Sometimes	Often	Always

NHS ID:

Service allocated case ID

SUM:

