

RCADs Scoring aid - Creating sub scales for parent report

		Never	Sometimes	Often	Always	Social Phobia	Panic Disorder	Major Depression	Separation Anxiety	Generalized Anxiety	Obsessive-Compulsive
1	My child worries about things	0	1	2	3						
2	My child feels sad or empty	0	1	2	3						
3	When my child has a problem, he/she gets a funny feeling in his/her stomach	0	1	2	3						
4	My child worries when he/she thinks he/she has done poorly at something	0	1	2	3						
5	My child feels afraid of being alone at home	0	1	2	3						
6	Nothing is much fun for my child anymore	0	1	2	3						
7	My child feels scared when taking a test	0	1	2	3						
8	My child worries when he/she thinks someone is angry with him/her	0	1	2	3						
9	My child worries about being away from me	0	1	2	3						
10	My child is bothered by bad or silly thoughts or pictures in his/her mind	0	1	2	3						
11	My child has trouble sleeping	0	1	2	3						
12	My child worries about doing badly at school work	0	1	2	3						
13	My child worries that something awful will happen to someone in the family	0	1	2	3						
14	My child suddenly feels as if he/she can't breathe when there is no reason for this	0	1	2	3						
15	My child has problems with his/her appetite	0	1	2	3						
16	My child has to keep checking that he/she has done things right (like the switch is off, or the door is locked)	0	1	2	3						
17	My child feels scared to sleep on his/her own	0	1	2	3						
18	My child has trouble going to school in the mornings because of feeling nervous or afraid	0	1	2	3						
19	My child has no energy for things	0	1	2	3						
20	My child worries about looking foolish	0	1	2	3						
21	My child is tired a lot	0	1	2	3						
22	My child worries that bad things will happen to him/her	0	1	2	3						
23	My child can't seem to get bad or silly thoughts out of his/her head	0	1	2	3						

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24	When my child has a problem, his/her heart beats really fast	0	1	2	3						
25	My child cannot think clearly	0	1	2	3						
26	My child suddenly starts to tremble or shake when there is no reason for this	0	1	2	3						
27	My child worries that something bad will happen to him/her	0	1	2	3						
28	When my child has a problem, he/she feels shaky	0	1	2	3						
29	My child feels worthless	0	1	2	3						
30	My child worries about making mistakes	0	1	2	3						
31	My child has to think of special thoughts (like numbers or words) to stop bad things from happening	0	1	2	3						
32	My child worries what other people think of him/her	0	1	2	3						
33	My child is afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	0	1	2	3						
34	All of a sudden my child will feel really scared for no reason at all	0	1	2	3						
35	My child worries about what is going to happen	0	1	2	3						
36	My child suddenly becomes dizzy or faint when there is no reason for this	0	1	2	3						
37	My child thinks about death	0	1	2	3						
38	My child feels afraid if he/she have to talk in front of the class	0	1	2	3						
39	My child's heart suddenly starts to beat too quickly for no reason	0	1	2	3						
40	My child feels like he/she doesn't want to move	0	1	2	3						
41	My child worries that he/she will suddenly get a scared feeling when there is nothing to be afraid of	0	1	2	3						
42	My child has to do some things over and over again (like washing hands, cleaning, or putting things in a certain order)	0	1	2	3						
43	My child feels afraid that he/she will make a fool of him/herself in front of people	0	1	2	3						
44	My child has to do some things in just the right way to stop bad things from happening	0	1	2	3						
45	My child worries when in bed at night	0	1	2	3						
46	My child would feel scared if he/she had to stay away from home overnight	0	1	2	3						
47	My child feels restless	0	1	2	3						
Please, insert the number of the box you have marked in the box under the letters that is left blank. Then sum up the numbers for each letter's column.		SUMS									