PRAP



SELF-REPORT FOR CHILDHOOD ANXIETY RELATED DISORDERS (SCARED) PARENT FORM



Below is a list of items that describe how people feel. For each item, please darken the circle that best describes your child's feelings **now or in the past 2 weeks**. Please answer all items as well as you can, even if some do not seem to concern your child.

	0 Not True or Hardly EverTrue	1 SomewhatTrue or Sometimes True	2 Very True or OftenTrue
When my child feels frightened, it is hard for him/her to breathe.	0	0	0
2. My child gets headaches when he/she is at school.	0	0	0
3. My child doesn't like to be with people he/she doesn't know well.	0	0	0
4. My child gets scared if he/she sleeps away from home.	0	0	0
5. My child worries about other people liking him/her.	0	0	0
6. When my child gets frightened, he/she feels like passing out.	0	0	0
7. My child is nervous.	0	0	0
8. My child follows me wherever I go (he/she is like my shadow).	0	0	0
9. People tell my child that he/she looks nervous.	0	0	0
10. My child feels nervous with people he/she doesn't know well.	0	0	0
11. My child gets stomach aches at school.	0	0	0
12. When my child gets frightened, he/she feels like he/she is going crazy.	. 0	0	0
13. My child worries about sleeping alone.	0	0	0
14. My child worries about being as good as other kids.	0	0	0
15. When my child gets frightened, he/she feels like things are not real.	0	0	0
16. My child has nightmares about something bad happening to his/her parents.	0	0	0
17. My child worries about going to school.	0	0	0
18. When my child gets frightened, his/her heart beats fast.	0	0	0
19. My child gets shaky.	0	0	0
20. My child has nightmares about something bad happening to him/herself.	0	0	0
21. My child worries about things working out for him/herself.	0	0	0
22. When my child gets frightened, he/she sweats a lot.	0	0	0
23. My child is a worrier.	0	0	0





	0 Not True or Hardly EverTrue	1 SomewhatTrue or Sometimes True	2 Very True or OftenTrue
24. My child gets really frightened for no reason at all.	0	0	0
25. My child is afraid to be alone in the house.	0	0	0
26. It is hard for my child to talk with people he/she doesn't know well.	0	0	0
27. When my child gets frightened, he/she feels like he/she is choking.	0	0	0
28. People tell my child that he/she worries too much.	0	0	0
29. My child doesn't like to be away from his/her family.	0	0	0
30. My child is afraid of having anxiety (or panic) attacks.	0	0	0
31. My child worries that something bad might happen to his/her parents.	0	0	0
32. My child feels shy with people he/she doesn't know well.	0	0	0
33. My child worries about what is going to happen in the future.	0	0	0
34. When my child gets frightened, he/she feels like throwing up.	0	0	0
35. My child worries about how well he/she does things.	0	0	0
36. My child is scared to go to school.	0	0	0
37. My child worries about things that have already happened.	0	0	0
38. When my child gets frightened, he/she feels dizzy.	0	0	0
39. My child feels nervous when he/she is with other children or adults and has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport).	0	0	0
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she does not know well.	0	0	0
41. My child is shy.	0	0	0

For Internal Use Only	Assessment Week	Subject ID#	Assessment Date
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		7 0000	7 0 0 0 0 0 0 0
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		9 0000	9 0 0 0 0 0 0

