

Multi-Health Systems Inc.

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Multi-Health Systems Inc.



PARENT

John S. March, M.D., MPH

Youth's Name/ID: _____

Youth's Gender: M F
(Circle One)

Youth's Grade: _____

Parent's Relationship to Youth: _____

Youth's Age: _____

Youth's Birth Date: _____ / _____ / _____
Month Day Year

Parent's Name/ID: _____

Today's Date: _____ / _____ / _____
Month Day Year

INSTRUCTIONS: These sentences ask you how your child might have been thinking, feeling, or acting recently. For each item, please circle the number that describes **how often the statement is true about your child**.

- Circle 0 if a sentence is Never true about your child.
- Circle 1 if a sentence is Rarely true about your child.
- Circle 2 if a sentence is Sometimes true about your child.
- Circle 3 if a sentence is Often true about your child.

Remember, there are no right or wrong answers, just answer how your child has been feeling recently.

Here is an example to show you how to complete the questionnaire. In the example, if your child is hardly ever scared of dogs, you would circle the 1 meaning that the sentence is "Rarely" true about your child.

	Never	Rarely	Sometimes	Often
<i>Example:</i> My child is scared of dogs.	0	①	2	3

	Never	Rarely	Sometimes	Often
1. My child feels tense or uptight.	0	1	2	3
2. My child usually asks permission to do things.	0	1	2	3
3. My child worries about other people laughing at him/her.	0	1	2	3
4. My child gets scared when his/her parents go away.	0	1	2	3
5. My child keeps his/her eyes open for danger.	0	1	2	3
6. My child has trouble getting his/her breath.	0	1	2	3
7. The idea of going away to camp scares my child.	0	1	2	3
8. My child gets shaky or jittery.	0	1	2	3
9. My child tries to stay near mom or dad.	0	1	2	3
10. My child is afraid that other kids will make fun of him/her.	0	1	2	3
11. My child tries hard to obey his/her parents and teachers.	0	1	2	3
12. My child gets dizzy or faint feelings.	0	1	2	3
13. My child checks things out first.	0	1	2	3
14. My child worries about getting called on in class.	0	1	2	3
15. My child is jumpy.	0	1	2	3
16. My child is afraid other people will think he/she is stupid.	0	1	2	3
17. My child keeps the light on at night.	0	1	2	3
18. My child has pains in his/her chest.	0	1	2	3
19. My child avoids going places without the family.	0	1	2	3
20. My child feels strange, weird, or unreal.	0	1	2	3
21. My child tries to do things other people will like.	0	1	2	3
22. My child worries about what other people think of him/her.	0	1	2	3
23. My child avoids watching scary movies and TV shows.	0	1	2	3
24. My child's heart races or skips beats.	0	1	2	3
25. My child stays away from things that upset him/her.	0	1	2	3

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	Never	Rarely	Sometimes	Often
26. My child sleeps next to someone from the family.	0	1	2	3
27. My child feels restless and on edge.	0	1	2	3
28. My child tries to do everything exactly right.	0	1	2	3
29. My child worries about doing something stupid or embarrassing.	0	1	2	3
30. My child gets scared riding in the car or on the bus.	0	1	2	3
31. My child feels sick to his/her stomach.	0	1	2	3
32. My child gets nervous if he/she has to perform in public.	0	1	2	3
33. Bad weather, the dark, heights, animals, or bugs scare my child.	0	1	2	3
34. My child's hands shake.	0	1	2	3
35. My child checks to make sure things are safe.	0	1	2	3
36. My child has trouble asking other kids to play with him/her.	0	1	2	3
37. My child's hands feel sweaty or cold.	0	1	2	3
38. My child feels shy.	0	1	2	3
39. My child has trouble making up his/her mind about simple things.	0	1	2	3
40. My child gets upset over the thought that he/she might get sick.	0	1	2	3
41. My child has bad or silly thoughts that he/she can't stop.	0	1	2	3
42. My child has to do things over and over again for no reason.	0	1	2	3
43. My child gets really upset about dirt, germs, chemicals, radiation, or sticky things.	0	1	2	3
44. My child feels he/she has to wash or clean more than he/she really needs to.	0	1	2	3
45. My child fears he/she will be responsible for something bad happening.	0	1	2	3
46. My child has to check that nothing terrible has happened.	0	1	2	3
47. My child has to check things several times or more.	0	1	2	3
48. My child counts things for no reason.	0	1	2	3
49. My child gets too concerned with sin or wrongdoing.	0	1	2	3
50. My child has to repeat things until it feels just right.	0	1	2	3

Thank you for completing the questionnaire.