

Multi-Health Systems Inc.

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Multi-Health Systems Inc.



SELF-REPORT

John S. March, M.D., MPH

Name/ID: _____

Age: _____

Gender: M F
(Circle One)

Birth Date: ____/____/____
Month Day Year

Grade: _____

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

INSTRUCTIONS: These sentences ask how you might have been thinking, feeling, or acting in the last while. For each item, please circle the number that describes **how often the sentence is true about you**.

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

Remember, there are no right or wrong answers, just answer how you might have been feeling in the last while.

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

	Never	Rarely	Sometimes	Often
<i>Example:</i> I'm scared of dogs.	0	①	2	3

	Never	Rarely	Sometimes	Often
1. I feel tense or uptight.	0	1	2	3
2. I usually ask permission to do things.	0	1	2	3
3. I worry about other people laughing at me.	0	1	2	3
4. I get scared when my parents go away.	0	1	2	3
5. I keep my eyes open for danger.	0	1	2	3
6. I have trouble getting my breath.	0	1	2	3
7. The idea of going away to camp scares me.	0	1	2	3
8. I get shaky or jittery.	0	1	2	3
9. I try to stay near my mom or dad.	0	1	2	3
10. I'm afraid that other kids will make fun of me.	0	1	2	3
11. I try hard to obey my parents and teachers.	0	1	2	3
12. I get dizzy or faint feelings.	0	1	2	3
13. I check things out first.	0	1	2	3
14. I worry about getting called on in class.	0	1	2	3
15. I'm jumpy.	0	1	2	3
16. I'm afraid other people will think I'm stupid.	0	1	2	3
17. I keep the light on at night.	0	1	2	3
18. I have pains in my chest.	0	1	2	3
19. I avoid going to places without my family.	0	1	2	3
20. I feel strange, weird, or unreal.	0	1	2	3
21. I try to do things other people will like.	0	1	2	3
22. I worry about what other people think of me.	0	1	2	3
23. I avoid watching scary movies and TV shows.	0	1	2	3
24. My heart races or skips beats.	0	1	2	3
25. I stay away from things that upset me.	0	1	2	3

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

Thank you for completing the questionnaire.