

LEVEL 2—Anxiety—Parent/Guardian of Child Age 6-17*

*Adapted from PROMIS Emotional Distress—Anxiety—Parent Item Bank

Child's Name: _____ Age: _____ Sex: Male Female Date: _____

What is your relationship with the child receiving care? _____

Instructions to parent/guardian: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* your child receiving care has been bothered by “feeling nervous, anxious, or scared”, “not being able to stop worrying”, and/or “couldn’t do things he/she wanted to or should have done because they made him/her feel nervous” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ or x) one box per row.

							Clinician Use
In the past SEVEN (7) DAYS, my child said that he/she ...							Item Score
		Never	Almost Never	Sometimes	Often	Almost Always	
1.	Felt like something awful might happen.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
2.	Felt nervous.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
3.	Felt scared.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
4.	Felt worried.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
5.	Worried about what could happen to him/her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.	Worried when he/she went to bed at night.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
7.	Got scared really easy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
8.	Was afraid of going to school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
9.	Worried when he/she was at home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
10.	Worried when he/she was away from home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Total/Partial Raw Score:							
Prorated Total Raw Score:							
T-Score:							

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