



Southington Behavioral Health Center for Children and Families  
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### ANXIETY SCALE Age 6-12

**TO BE COMPLETED BY CHILD**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male\_\_ Female\_\_

Date: \_\_\_/\_\_\_/\_\_\_ School Grade: \_\_\_\_\_ MR # \_\_\_\_\_

This questionnaire asks you how you have been thinking, feeling, or acting recently. For each item, please circle the number that shows how often the statement is true for you. If a sentence is true about you a lot of the time, circle 3. If it is true about you some of the time, circle 2. If it is true once in a while, circle 1. If a sentence is hardly ever true about you, circle 0. Remember, there are no right or wrong answers, just answer how you have been feeling recently.

Here are two examples to show you how to complete the questionnaire. In Example A, if you were hardly ever scared of dogs, you would circle 1, meaning that the statement is rarely true about you. In Example B, if thunderstorms sometimes upset you, you would circle 2, meaning that the statement is sometimes true about you.

	Never true about me	Rarely true about me	Sometimes true about me	Often true about me
Example A I'm scared of dogs.....	0	1	2	3
Example B Thunderstorms upset me .....	0	1	2	3

Now try these items your self. Don't forget to do the items on the back of the questionnaire as well.

1. I feel tense or uptight .....	0	1	2	3
2. I usually ask permission.....	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 have trouble getting my breath.....	0	1	2	3
6. I keep my eyes open for danger.....	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

	Never	Rarely	Sometimes	Often
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.....	0	1	2	3
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. If I get upset or scared, I let someone know right away.....	0	1	2	3
33. I get nervous if I have to perform in public.....	0	1	2	3
34. Bad weather, the dark, heights, animals, or bugs scare me.....	0	1	2	3

Never Rarely Sometimes Often

35. My hands shake.....0	1	2	3
36. I check to make sure things are safe.....0	1	2	3
37. I have trouble asking other kids to play with me.....0	1	2	3
38. My hands feel sweaty or cold.....0	1	2	3
39. I feel shy.....0	1	2	3