

RCADs Scoring aid - Creating sub scales for parent report

		Never	Sometimes	Often	Always	Social Phobia	Panic Disorder	Separation Anxiety	Generalized Anxiety	Obsessive-Compulsive	Major Depression
1	My child worries about things	0	1	2	3						
2	My child feels sad or empty	0	1	2	3						
3	When my child has a problem, he/she gets a funny feeling in his/her stomach	0	1	2	3						
4	My child worries when he/she thinks he/she has done poorly at something	0	1	2	3						
5	My child feels afraid of being alone at home	0	1	2	3						
6	Nothing is much fun for my child anymore	0	1	2	3						
7	My child feels scared when taking a test	0	1	2	3						
8	My child worries when he/she thinks someone is angry with him/her	0	1	2	3						
9	My child worries about being away from me	0	1	2	3						
10	My child is bothered by bad or silly thoughts or pictures in his/her mind	0	1	2	3						
11	My child has trouble sleeping	0	1	2	3						
12	My child worries about doing badly at school work	0	1	2	3						
13	My child worries that something awful will happen to someone in the family	0	1	2	3						
14	My child suddenly feels as if he/she can't breathe when there is no reason for this	0	1	2	3						
15	My child has problems with his/her appetite	0	1	2	3						
16	My child has to keep checking that he/she has done things right (like the switch is off, or the door is locked)	0	1	2	3						
17	My child feels scared to sleep on his/her own	0	1	2	3						
18	My child has trouble going to school in the mornings because of feeling nervous or afraid	0	1	2	3						
19	My child has no energy for things	0	1	2	3						
20	My child worries about looking foolish	0	1	2	3						
21	My child is tired a lot	0	1	2	3						
22	My child worries that bad things will happen to him/her	0	1	2	3						
23	My child can't seem to get bad or silly thoughts out of his/her head	0	1	2	3						

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24	When my child has a problem, his/her heart beats really fast	0	1	2	3						
25	My child cannot think clearly	0	1	2	3						
26	My child suddenly starts to tremble or shake when there is no reason for this	0	1	2	3						
27	My child worries that something bad will happen to him/her	0	1	2	3						
28	When my child has a problem, he/she feels shaky	0	1	2	3						
29	My child feels worthless	0	1	2	3						
30	My child worries about making mistakes	0	1	2	3						
31	My child has to think of special thoughts (like numbers or words) to stop bad things from happening	0	1	2	3						
32	My child worries what other people think of him/her	0	1	2	3						
33	My child is afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	0	1	2	3						
34	All of a sudden my child will feel really scared for no reason at all	0	1	2	3						
35	My child worries about what is going to happen	0	1	2	3						
36	My child suddenly becomes dizzy or faint when there is no reason for this	0	1	2	3						
37	My child thinks about death	0	1	2	3						
38	My child feels afraid if he/she have to talk in front of the class	0	1	2	3						
39	My child's heart suddenly starts to beat too quickly for no reason	0	1	2	3						
40	My child feels like he/she doesn't want to move	0	1	2	3						
41	My child worries that he/she will suddenly get a scared feeling when there is nothing to be afraid of	0	1	2	3						
42	My child has to do some things over and over again (like washing hands, cleaning, or putting things in a certain order)	0	1	2	3						
43	My child feels afraid that he/she will make a fool of him/herself in front of people	0	1	2	3						
44	My child has to do some things in just the right way to stop bad things from happening	0	1	2	3						
45	My child worries when in bed at night	0	1	2	3						
46	My child would feel scared if he/she had to stay away from home overnight	0	1	2	3						
47	My child feels restless	0	1	2	3						
Please, insert the number of the box you have marked in the box under the letters that is left blank. Then sum up the numbers for each letter's column.						SUMS					
						Total Anxiety & Depression					