

RCADs Scoring aid - Creating sub scales for child self report

		Never	Sometimes	Often	Always	Social Phobia	Panic Disorder	Separation Anxiety	Generalized Anxiety	Obsessive-Compulsive	Major Depression
1	I worry about things	0	1	2	3				<input type="checkbox"/>		
2	I feel sad or empty.....	0	1	2	3						<input type="checkbox"/>
3	When I have a problem, I get a funny feeling in my stomach.....	0	1	2	3		<input type="checkbox"/>				
4	I worry when I think I have done poorly at something.....	0	1	2	3	<input type="checkbox"/>					
5	I would feel afraid of being on my own at home	0	1	2	3			<input type="checkbox"/>			
6	Nothing is much fun anymore....	0	1	2	3						<input type="checkbox"/>
7	I feel scared when I have to take a test	0	1	2	3	<input type="checkbox"/>					
8	I feel worried when I think someone is angry with me.....	0	1	2	3	<input type="checkbox"/>					
9	I worry about being away from my parents	0	1	2	3			<input type="checkbox"/>			
10	I get bothered by bad or silly thoughts or pictures in my mind.....	0	1	2	3					<input type="checkbox"/>	
11	I have trouble sleeping.....	0	1	2	3						<input type="checkbox"/>
12	I worry that I will do badly at my school work	0	1	2	3	<input type="checkbox"/>					
13	I worry that something awful will happen to someone in my family.....	0	1	2	3				<input type="checkbox"/>		
14	I suddenly feel as if I can't breathe when there is no reason for this.....	0	1	2	3		<input type="checkbox"/>				
15	I have problems with my appetite....	0	1	2	3						<input type="checkbox"/>
16	I have to keep checking that I have done things right (like the switch is off, or the door is locked).....	0	1	2	3					<input type="checkbox"/>	
17	I feel scared if I have to sleep on my own..	0	1	2	3			<input type="checkbox"/>			
18	I have trouble going to school in the mornings because I feel nervous or afraid....	0	1	2	3			<input type="checkbox"/>			
19	I have no energy for things.....	0	1	2	3						<input type="checkbox"/>
20	I worry I might look foolish.....	0	1	2	3	<input type="checkbox"/>					
21	I am tired a lot.....	0	1	2	3						<input type="checkbox"/>
22	I worry that bad things will happen to me	0	1	2	3				<input type="checkbox"/>		

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23	I can't seem to get bad or silly thoughts out of my head.....	0	1	2	3					<input type="checkbox"/>	
24	When I have a problem, my heart beats really fast.....	0	1	2	3		<input type="checkbox"/>				
25	I cannot think clearly.....	0	1	2	3						<input type="checkbox"/>
26	I suddenly start to tremble or shake when there is no reason for this.....	0	1	2	3		<input type="checkbox"/>				
27	I worry that something bad will happen to me	0	1	2	3				<input type="checkbox"/>		
28	When I have a problem, I feel shaky...	0	1	2	3		<input type="checkbox"/>				
29	I feel worthless.....	0	1	2	3						<input type="checkbox"/>
30	I worry about making mistakes....	0	1	2	3	<input type="checkbox"/>					
31	I have to think of special thoughts (like numbers or words) to stop bad things from happening	0	1	2	3					<input type="checkbox"/>	
32	I worry what other people think of me...	0	1	2	3	<input type="checkbox"/>					
33	I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds).....	0	1	2	3			<input type="checkbox"/>			
34	All of a sudden I feel really scared for no reason at all.....	0	1	2	3		<input type="checkbox"/>				
35	I worry about what is going to happen...	0	1	2	3				<input type="checkbox"/>		
36	I suddenly become dizzy or faint when there is no reason for this.....	0	1	2	3		<input type="checkbox"/>				
37	I think about death.....	0	1	2	3				<input type="checkbox"/>		
38	I feel afraid if I have to talk in front of my class	0	1	2	3	<input type="checkbox"/>					
39	My heart suddenly starts to beat too quickly for no reason.....	0	1	2	3		<input type="checkbox"/>				
40	I feel like I don't want to move....	0	1	2	3						<input type="checkbox"/>
41	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of...	0	1	2	3		<input type="checkbox"/>				
42	I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order).....	0	1	2	3					<input type="checkbox"/>	
43	I feel afraid that I will make a fool of myself in front of people.....	0	1	2	3	<input type="checkbox"/>					
44	I have to do some things in just the right way to stop bad things from happening....	0	1	2	3					<input type="checkbox"/>	
45	I worry when I go to bed at night....	0	1	2	3			<input type="checkbox"/>			
46	I would feel scared if I had to stay away from home overnight.....	0	1	2	3			<input type="checkbox"/>			
47	I feel restless.....	0	1	2	3						<input type="checkbox"/>
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									