

How are things?

Date: / / **20**

Time: h m

Please put a circle around the word that shows how often each of these things happen to your child.
There are no right or wrong answers.

		0	1	2	3
1	My child worries about things	Never	Sometimes	Often	Always
2	My child worries that something awful will happen to someone in the family	Never	Sometimes	Often	Always
3	My child worries that bad things will happen to him/her	Never	Sometimes	Often	Always
4	My child worries that something bad will happen to him/her	Never	Sometimes	Often	Always
5	My child worries about what is going to happen	Never	Sometimes	Often	Always
6	My child thinks about death	Never	Sometimes	Often	Always

Relationship to child/ young person (tick below):

Mother

Father

Other (please specify):

.....

NHS ID:

.....

Service allocated
case ID

.....

SUM:

