

# Childhood Anxiety Symptoms Checklists

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions:

1. Read each statement and consider how it applies to the child in question over the last two weeks.
2. Mark the box that best describes the frequency of each symptom: "Never" (the symptom does not occur), "Sometimes" (the symptom happens occasionally), "Often" (the symptom happens frequently), "Always" (the symptom happens almost all the time).
3. After completing the checklist, review the responses. A high number of symptoms marked as "Often" or "Always" could suggest the presence of an anxiety disorder, but this is not a definitive diagnosis.

| No | Symptoms                                                                       | Never                    | Sometimes                | Often                    | Always                   |
|----|--------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1  | Excessive worry or fear about various things (e.g., school, health, or safety) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | Trouble sleeping, or nightmares                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | Avoids certain situations or activities due to fear                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | Experiences physical symptoms such as stomachaches or headaches                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | Is very clingy or has trouble being away from parents                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | Has trouble concentrating                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | Is easily startled                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | Has a strong need for reassurance                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | Has an excessive fear of making mistakes or not being perfect                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Experiences fears about social situations or interactions with peers           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Experiences rapid heart rate or palpitations                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Expresses feelings of impending doom or danger                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Shows irritability or restlessness                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Sweating or trembling without apparent cause                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Demonstrates difficulty controlling worry                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Has irrational fears (phobias)                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Engages in compulsive behavior (in the case of OCD)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| No | Symptoms                                         | Never                    | Sometimes                | Often                    | Always                   |
|----|--------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 18 | Experiences panic attacks                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Complains of feeling tired or weak               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Displays a reluctance or refusal to go to school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Total Score:** \_\_\_\_\_

Scoring Interpretation:

- Never: **0 point**
- Sometimes: **1 point**
- Often: **2 points**
- Always: **3 points**

After assigning points to all responses, you can add the total score. A higher score indicates more frequent or severe symptoms of anxiety.

However, it's essential to note that no definitive cut-off score can diagnose an anxiety disorder. Some children might experience many of these symptoms but still not meet the criteria for an anxiety disorder. In contrast, others might have fewer but more severe symptoms and do meet the criteria.

If the child's score is high or you have any concerns, it's strongly recommended to seek professional help. A mental health professional can perform a more comprehensive evaluation, considering the child's overall behavior, life circumstances, and other important factors, to make a diagnosis if necessary and suggest suitable treatment options.