

# Penn State Worry Questionnaire for Children (PSWQ-C)

## Client Information:

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

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Therapist/Counselor: \_\_\_\_\_

## Instructions:

By selecting the appropriate number from the dropdown menu, please read each statement and indicate how often it is true for you. There are no right or wrong answers; we want your honest thoughts and feelings.

|                                                             | 1<br>(Not at all<br>true for<br>me) | 2                        | 3                        | 4                        | 5<br>(Very<br>true for<br>me) |
|-------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| 1. I worry about things working out the way I want them to. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| 2. Once I start worrying, I can't stop.                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| 3. I worry about bad things happening to me.                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| 4. I worry about things that might go wrong.                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| 5. I worry about other people getting mad at me.            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |

|                                                                |                          |                          |                          |                          |                          |
|----------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. I worry about how well I will do in school.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I worry about getting into trouble.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I worry that I will say or do the wrong things.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I worry about what people think of me.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I worry about not being able to control my worries.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I worry about my family getting hurt.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I worry about things that happened in the past.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I worry about not being as good as other kids my age.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I worry about bad things happening to people I care about. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Score:**

**Interpretation:**

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