

NAME OF PATIENT: _____

FILLED OUT BY: _____

DATE: _____

Circle yes or no, then print and bring to the visit with you or email this to Dr. McDonnell at maryannmcdonnell@yahoo.com

YES	NO	1. I have trouble making up my mind
YES	NO	2. I get nervous when things do not go the right way for me.
YES	NO	3. Others seem to do things easier than I can.
YES	NO	4. I like everyone I know.
YES	NO	5. Often I have trouble getting my breath.
YES	NO	6. I worry a lot of the time.
YES	NO	7. I am afraid of a lot of things.
YES	NO	8. I am always kind.
YES	NO	9. I get mad easily.
YES	NO	10. I worry about what my parents will say to me.
YES	NO	11. I feel that others do not like the way I do things.
YES	NO	12. I always have good manners.
YES	NO	13. It is hard for me to get to sleep at night.
YES	NO	14. I worry about what other people think about me.
YES	NO	15. I feel alone even when there are people with me.
YES	NO	16. I am always good.
YES	NO	17. Often I feel sick in my stomach.
YES	NO	18. My feelings get hurt easily.
YES	NO	19. My hands feel sweaty.
YES	NO	20. I am always nice to everyone.
YES	NO	21. I am tired a lot.
YES	NO	22. I worry about what is going to happen.
YES	NO	23. Other people are happier than I.
YES	NO	24. I tell the truth every single time.
YES	NO	25. I have bad dreams.
YES	NO	26. My feelings get hurt easily when I am fussed at.
YES	NO	27. I feel someone will tell me I do things the wrong way.
YES	NO	28. I never get angry.
YES	NO	29. I wake up scared some of the time.
YES	NO	30. I worry when I go to bed at night.
YES	NO	31. It is hard for me to keep my mind on schoolwork.
YES	NO	32. I never say things I shouldn't.
YES	NO	33. I wiggle in my seat a lot.
YES	NO	34. I am nervous.
YES	NO	35. A lot of people are against me.
YES	NO	36. I never lie.
YES	NO	37. I often worry about something bad happening to me.