RCADS-P-25

	Please select the option that shows how often each of these things happens for your child.						
		Never	Sometimes	Often	Always		
1)	My child feels sad or empty	\circ	\circ	\circ	\circ		
2)	My child worries when he/she thinks he/she has done poorly at something	0	0	0	0		
3)	My child feels afraid of being alone at home	0	0	0	0		
4)	Nothing is much fun for my child anymore	0	0	0	0		
5)	My child worries that something awful will happen to someone in the family	0	0	0	0		
5)	My child is afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	0	0	0	0		
7)	My child worries what other people think of him/her	0	0	0	0		
3)	My child has trouble sleeping	\bigcirc	\circ	\circ	\bigcirc		
9)	My child feels scared to sleep on his/her own	0	0	0	0		
10)	My child has problems with his/her appetite	0	0	0	0		
11)	My child suddenly becomes dizzy or faint when there is no reason for this	0	0	0	0		
12)	My child has to do somethings over and over again (like washing hands, cleaning, or putting things in a certain order)	0	0	0	0		
13)	My child has no energy for	\bigcirc	\bigcirc	\bigcirc	\circ		
14)	things	0	0	0	0		
15)	My child cannot think clearly	\bigcirc	\circ	\circ	\circ		
16)	My child feels worthless	\bigcirc	\circ	\circ	\circ		
17)	-						

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	thoughts (like numbers or words) to stop bad things from happening	O	O	O	O
18)	My child thinks about death	\circ	0	\circ	\circ
19)	My child feels like he/she does not want to move	0	0	0	0
20)	My child worries that he/she will suddenly get a scared feeling when there is nothing to be afraid of	0	0	0	0
21)	My child is tired a lot	\circ	\circ	\circ	0
22)	My child feels afraid that he/she will make a fool of him/herself in front of people	0	0	0	0
23)	My child has to do some things in just the right way to stop bad things from happening	0	0	0	0
24)	My child feels restless	\circ	\circ	\circ	\circ
25)	My child worries that something bad will happen to him/her	0	0	0	0