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| --- | --- | --- | --- | --- | --- | --- |
| **Participation in symptom related behaviors in the past month** | | | | | | |
|  |  | Never | 1-3 times a  month | 1-2 times a  week | 3-6 times  a week | Daily |
| 1 | How often did you reassure your child? | 0 | 1 | 2 | 3 | 4 |
| 2 | How often did you provide items needed because of anxiety? | 0 | 1 | 2 | 3 | 4 |
| 3 | How often did you participate in behaviors  related to your child’s anxiety? | 0 | 1 | 2 | 3 | 4 |
| 4 | How often did you assist your child in avoiding things that might make him/her more anxious? | 0 | 1 | 2 | 3 | 4 |
| 5 | Have you avoided doing things, going places or being with people because of your child’s anxiety? | 0 | 1 | 2 | 3 | 4 |
| **Modification of functioning during the past month** | | | | | | |
| 6 | Have you modified your family routine because  of your child’s symptoms? | 0 | 1 | 2 | 3 | 4 |
| 7 | Have you had to do things that would usually  be your child’s responsibility? | 0 | 1 | 2 | 3 | 4 |
| 8 | Have you modified your work schedule  because of your child’s anxiety? | 0 | 1 | 2 | 3 | 4 |
| 9 | Have you modified your leisure activities  because of your child’s anxiety? | 0 | 1 | 2 | 3 | 4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Distress and Consequences** | No | Mild | Moderate | Severe | Extreme |
| Does helping your child in these ways cause you distress? | 0 | 1 | 2 | 3 | 4 |
| Has your child become distressed when you have not provided assistance? To what degree? | 0 | 1 | 2 | 3 | 4 |
| Has your child become angry/abusive when you have not provided assistance? To what degree? | 0 | 1 | 2 | 3 | 4 |
| Has your child’s anxiety been worse when you have  not provided assistance? How much worse? | 0 | 1 | 2 | 3 | 4 |