

For office use only: Client ID: _____

Date: _____

Timepoint: _____

Parent/Caregiver Name: _____

What is your relationship to the child? _____

RCADS 47 - Parent/Caregiver

Instructions: Please select the choice that shows how often each of these things happens for your child.

	Never	Sometimes	Often	Always
1. My child worries about things.	0	1	2	3
2. My child feels sad or empty.	0	1	2	3
3. When my child has a problem, they get a funny feeling in their stomach.	0	1	2	3
4. My child worries when they think they have done poorly at something.	0	1	2	3
5. My child feels afraid of being alone at home.	0	1	2	3
6. Nothing is much fun for my child anymore.	0	1	2	3
7. My child feels scared when taking a test.	0	1	2	3
8. My child worries when they think someone is angry with them.	0	1	2	3
9. My child worries about being away from me.	0	1	2	3
10. My child is bothered by bad or silly thoughts or pictures in their mind.	0	1	2	3
11. My child has trouble sleeping.	0	1	2	3
12. My child worries about doing badly at school work.	0	1	2	3
13. My child worries that something awful will happen to someone in the family.	0	1	2	3
14. My child suddenly feels as if they can't breathe when there is no reason for this.	0	1	2	3
15. My child has problems with their appetite.	0	1	2	3
16. My child has to keep checking that they have done things right (like the switch is off, or the door is locked).	0	1	2	3
17. My child feels scared to sleep on their own.	0	1	2	3
18. My child has trouble going to school in the mornings because of feeling nervous or afraid.	0	1	2	3
19. My child has no energy for things.	0	1	2	3
20. My child worries about looking foolish.	0	1	2	3
26. My child suddenly starts to tremble or shake when there is no reason for this.	0	1	2	3
27. My child worries that something bad will happen to them.	0	1	2	3
28. When my child has a problem, they feel shaky.	0	1	2	3
29. My child feels worthless.	0	1	2	3
30. My child worries about making mistakes.	0	1	2	3

	Never	Sometimes	Often	Always
31. My child has to think of special thoughts (like numbers or words) to stop bad things from happening.	0	1	2	3
32. My child worries what other people think of them.	0	1	2	3
33. My child is afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds).	0	1	2	3
34. All of a sudden my child will feel really scared for no reason at all.	0	1	2	3
35. My child worries about what is going to happen.	0	1	2	3
36. My child suddenly becomes dizzy or faint when there is no reason for this.	0	1	2	3
37. My child thinks about death.	0	1	2	3
38. My child feels afraid if they have to talk in front of the class.	0	1	2	3
39. My child's heart suddenly starts to beat too quickly for no reason.	0	1	2	3
40. My child feels like they don't want to move.	0	1	2	3
41. My child worries that they will suddenly get a scared feeling when there is nothing to be afraid of.	0	1	2	3
42. My child has to do some things over and over again (like washing hands, cleaning, or putting things in a certain order).	0	1	2	3
43. My child feels afraid that they will make a fool of themselves in front of people.	0	1	2	3
44. My child has to do some things in just the right way to stop bad things from happening.	0	1	2	3
45. My child worries when in bed at night.	0	1	2	3
46. My child would feel scared if they had to stay away from home overnight.	0	1	2	3
47. My child feels restless.	0	1	2	3