

For office use only: Client ID: _____

Date: _____

Timepoint: _____

Parent/Caregiver Name: _____

Approximately how long has your child been receiving services at KUCSFC? _____

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.

Questions	Never (0)	Sometimes (1)	Often (2)	Always (3)
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

31. My child has to think of special thoughts (like numbers or words) to stop bad things from happening.	Never	Sometimes	Often	Always
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