

Appendix K_CBT Anxiety and Trauma Checklist



Moods and Feelings Questionnaire (7-18)

This form is about how you might have been feeling or acted recently.
Please check how much you have felt or acted this way in the past two weeks.

Child:	<input type="text"/>	Child's Age:	<input type="text"/>
Caregiver's Name:	<input type="text"/>	Date:	<input type="text"/>

	0 Not True	1 Sometimes	2 True
I felt miserable or unhappy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't enjoy anything at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt so tired I just sat around and did nothing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was very restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was no good anymore.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cried a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it hard to think properly or concentrate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hate myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was a bad person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought nobody really loved me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought I would never be as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did everything wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Score:

Angold, A, Costello, E.J., Messer, S. C., Pickles, A., Winder, F., & Silver, D. (1995)
For ages 8 to 18 Clinical cutoff is 11 - higher score signifies depression

SCARED Brief assessment of Anxiety and PTAS Symptoms (ages 7-17)

Child:

Child's Age:

Caregiver:

Date:

Below is a list of statements that describe how people feel. Think about each statement carefully and decide if it is "**Not True or Hardly Ever True**," "**Somewhat True or Sometimes True**," or "**Very True or Often True**" for you. Then for each statement, choose the answer that seems to describe you now. Please answer all statements as well as you can, even if some do not seem to concern you.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
I get really frightened for no reason at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid to be alone in the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People tell me that I worry too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am scared to go to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score: _____

Below is another list of statements. Think about the statement carefully and decide if it is "**Not True or Hardly Ever True**," "**Somewhat True or Sometimes True**," or "**Very True or Often True**" for you. Choose the answer that seems to describe you now. Please answer all statements as well as you can, even if some do not seem to concern you.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
I have scary dreams about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try not to think about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get scared when I think back on a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep thinking about a very bad thing that once happened to me, even when I don't want to think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score: _____

[Print Form](#)

Screen for Child Anxiety related Emotional Disorders
Muris, P., Merckelbach, H., Korver, P., & Meesters, C. (2000)
Scared scoring: SCARED brief version: Assesses anxiety and posttraumatic stress symptoms (ages 7-18)
Anxiety: 3+ = clinical
PTSD: 6+ = clinical