Pediatric Anxiety – Short Form 8a

Please respond to each question or statement by marking one box per row.

	In the past 7 days…	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
2220R2r	I felt like something awful might happen..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
713R1r	I felt nervous.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
227bR1r	I felt scared.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5044R1r	I felt worried.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3459bR1r	I worried when I was at home	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2230R1r	I got scared really easy.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
231R1r	I worried about what could happen to me..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3150bR2r	I worried when I went to bed at night	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

TOTAL SCORE: _____

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