

**Child Anxiety Disorder
Checklist**

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Child Anxiety Disorder Checklist.

by Phillips & Phillips

Circle the answer YES or NO:

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|---|-----|----|
| Does your child frequently have a headache or a stomach ache before leaving for school? | YES | NO |
| Is your child too shy to speak to people not in the immediate family? | YES | NO |
| Does your child seem anxious when interacting with his/her peers? | YES | NO |
| Does your child have an unreasonable fear of an object or a situation, such as flying, heights, enclosed places, animals? | YES | NO |
| When your child encounters the feared object of situation, does he/she react by freezing, clinging, or having a tantrum? | YES | NO |
| Does your child avoid or show distress before social situations? | YES | NO |
| Does your child experience a high number of nightmares, headaches, or stomach aches? | YES | NO |
| Does your child worry excessively about her competence and quality of his/her performance? | YES | NO |
| Has your child experienced a decline in school work, refused to go to school, or avoided after-school social activities? | YES | NO |
| Does your child often redo tasks in an effort to be perfect? | YES | NO |
| Does your child spend a great deal of time each day doing things over and over again such as hand washing, checking things? | YES | NO |
| Does your child experience shortness of breath, lightheadedness, or a pounding heart for no apparent reason? | YES | NO |

If your answer to several questions on this checklist is “Yes”, discuss the results with a mental health professional.

Reference: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, American Psychiatric Association, 1994