

RCADs Scoring aid - Creating sub scales for child self report

		Never	Sometimes	Often	Always	Social Phobia	Panic Disorder	Major Depression	Separation Anxiety	Generalized Anxiety	Obsessive-Compulsive
1	I worry about things	0	1	2	3					<input type="checkbox"/>	
2	I feel sad or empty.....	0	1	2	3			<input type="checkbox"/>			
3	When I have a problem, I get a funny feeling in my stomach.....	0	1	2	3		<input type="checkbox"/>				
4	I worry when I think I have done poorly at something.....	0	1	2	3	<input type="checkbox"/>					
5	I would feel afraid of being on my own at home	0	1	2	3				<input type="checkbox"/>		
6	Nothing is much fun anymore....	0	1	2	3			<input type="checkbox"/>			
7	I feel scared when I have to take a test	0	1	2	3	<input type="checkbox"/>					
8	I feel worried when I think someone is angry with me.....	0	1	2	3	<input type="checkbox"/>					
9	I worry about being away from my parents	0	1	2	3				<input type="checkbox"/>		
10	I get bothered by bad or silly thoughts or pictures in my mind.....	0	1	2	3						<input type="checkbox"/>
11	I have trouble sleeping.....	0	1	2	3			<input type="checkbox"/>			
12	I worry that I will do badly at my school work	0	1	2	3	<input type="checkbox"/>					
13	I worry that something awful will happen to someone in my family.....	0	1	2	3					<input type="checkbox"/>	
14	I suddenly feel as if I can't breathe when there is no reason for this.....	0	1	2	3		<input type="checkbox"/>				
15	I have problems with my appetite....	0	1	2	3			<input type="checkbox"/>			
16	I have to keep checking that I have done things right (like the switch is off, or the door is locked).....	0	1	2	3						<input type="checkbox"/>
17	I feel scared if I have to sleep on my own..	0	1	2	3				<input type="checkbox"/>		
18	I have trouble going to school in the mornings because I feel nervous or afraid....	0	1	2	3				<input type="checkbox"/>		
19	I have no energy for things.....	0	1	2	3			<input type="checkbox"/>			
20	I worry I might look foolish.....	0	1	2	3	<input type="checkbox"/>					
21	I am tired a lot.....	0	1	2	3			<input type="checkbox"/>			
22	I worry that bad things will happen to me	0	1	2	3					<input type="checkbox"/>	

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23	I can't seem to get bad or silly thoughts out of my head.....	0	1	2	3						
24	When I have a problem, my heart beats really fast.....	0	1	2	3						
25	I cannot think clearly.....	0	1	2	3						
26	I suddenly start to tremble or shake when there is no reason for this.....	0	1	2	3						
27	I worry that something bad will happen to me	0	1	2	3						
28	When I have a problem, I feel shaky...	0	1	2	3						
29	I feel worthless.....	0	1	2	3						
30	I worry about making mistakes...	0	1	2	3						
31	I have to think of special thoughts (like numbers or words) to stop bad things from happening	0	1	2	3						
32	I worry what other people think of me...	0	1	2	3						
33	I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds).....	0	1	2	3						
34	All of a sudden I feel really scared for no reason at all.....	0	1	2	3						
35	I worry about what is going to happen...	0	1	2	3						
36	I suddenly become dizzy or faint when there is no reason for this.....	0	1	2	3						
37	I think about death.....	0	1	2	3						
38	I feel afraid if I have to talk in front of my class	0	1	2	3						
39	My heart suddenly starts to beat too quickly for no reason.....	0	1	2	3						
40	I feel like I don't want to move....	0	1	2	3						
41	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of...	0	1	2	3						
42	I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order).....	0	1	2	3						
43	I feel afraid that I will make a fool of myself in front of people.....	0	1	2	3						
44	I have to do some things in just the right way to stop bad things from happening....	0	1	2	3						
45	I worry when I go to bed at night....	0	1	2	3						
46	I would feel scared if I had to stay away from home overnight.....	0	1	2	3						
47	I feel restless.....	0	1	2	3						
Please, insert the number of the box you have marked in the box under the letters that is left blank. Then sum up the numbers for each letter's column.											
						SUMS					