

# Y-BOCS Symptom Checklist

**Instructions:** Generate a *Target Symptoms List* from the attached *Y-BOCS Symptom Checklist* by asking the patient about specific obsessions and compulsions. Check all that apply. Distinguish between current and past symptoms. Mark principal symptoms with a "p." These will form the basis of the *Target Symptoms List*. Items marked "\*" may or may not be OCD phenomena.

## AGGRESSIVE OBSESSIONS

Current	Past	
___	___	Fear might harm self
___	___	Fear might harm others
___	___	Violent or horrific images
___	___	Fear of blurting out obscenities or insults
___	___	Fear of doing something else embarrassing*
___	___	Fear will act on unwanted impulses (eg, to stab friend)
___	___	Fear will steal things
___	___	Fear will harm others because not careful enough (eg, hit/run motor vehicle accident)
___	___	Fear will be responsible for something else terrible happening (eg, fire, burglary)
___	___	Other _____

## CONTAMINATION OBSESSIONS

___	___	Concerns or disgust with bodily waste or secretions (eg, urine, feces, saliva)
___	___	Concern with dirt or germs
___	___	Excessive concern with environmental contaminants (eg, asbestos, radiation, toxic waste)
___	___	Excessive concern with household items (eg, cleansers, solvents)
___	___	Excessive concern with animals (eg, insects)
___	___	Bothered by sticky substances or residues
___	___	Concerned will get ill because of contaminant
___	___	Concerned will get others ill by spreading contaminant (Aggressive)
___	___	No concern with consequences of contamination other than how it might feel
___	___	Other _____

## SEXUAL OBSESSIONS

___	___	Forbidden or perverse sexual thoughts, images, or impulses
___	___	Content involves children or incest
___	___	Content involves homosexuality*
___	___	Sexual behavior towards others (Aggressive)*
___	___	Other _____

## HOARDING/SAVING OBSESSIONS

(distinguish from hobbies and concern with objects of monetary or sentimental value)

___	___	_____
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## RELIGIOUS OBSESSIONS (Scrupulosity)

___	___	Concerned with sacrilege and blasphemy
___	___	Excess concern with right/wrong, morality
___	___	Other _____

## OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS

___	___	Accompanied by magical thinking (eg, concerned that another will have accident unless things are in the right place)
___	___	Not accompanied by magical thinking

## MISCELLANEOUS OBSESSIONS

___	___	Need to know or remember
___	___	Fear of saying certain things
___	___	Fear of not saying just the right thing
___	___	Fear of losing things
___	___	Intrusive (nonviolent) images
___	___	Intrusive nonsense sounds, words, or music
___	___	Bothered by certain sounds/noises*
___	___	Lucky/unlucky numbers
___	___	Colors with special significance
___	___	Superstitious fears
___	___	Other _____

## SOMATIC OBSESSIONS

Current	Past	
___	___	Concern with illness or disease*
___	___	Excessive concern with body part or aspect of appearance (eg, dysmorphophobia)*
___	___	Other _____

## CLEANING/WASHING COMPULSIONS

___	___	Excessive or ritualized handwashing
___	___	Excessive or ritualized showering, bathing, toothbrushing, grooming, or toilet routine
___	___	Involves cleaning of household items or other inanimate objects
___	___	Other measures to prevent or remove contact with contaminants
___	___	Other _____

## CHECKING COMPULSIONS

___	___	Checking locks, stove, appliances, etc.
___	___	Checking that did not/will not harm others
___	___	Checking that did not/will not harm self
___	___	Checking that nothing terrible did/will happen
___	___	Checking that did not make mistake
___	___	Checking tied to somatic obsessions
___	___	Other _____

## REPEATING RITUALS

___	___	Rereading or rewriting
___	___	Need to repeat routine activities (eg, in/out door, up/down from chair)
___	___	Other _____

## COUNTING COMPULSIONS

___	___	_____
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## ORDERING/ARRANGING COMPULSIONS

___	___	_____
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## HOARDING/COLLECTING COMPULSIONS

[distinguish from hobbies and concern with objects of monetary or sentimental value (eg, carefully reads junk mail, piles up old newspapers, sorts through garbage, collects useless objects)]

___	___	_____
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## MISCELLANEOUS COMPULSIONS

___	___	Mental rituals (other than checking/counting)
___	___	Excessive listmaking
___	___	Need to tell, ask, or confess
___	___	Need to touch, tap, or rub*
___	___	Rituals involving blinking or staring*
___	___	Measures (not checking) to prevent: harm to self ____; harm to others ____; terrible consequences ____
___	___	Ritualized eating behaviors*
___	___	Superstitious behaviors
___	___	Trichotillomania*
___	___	Other self-damaging or self-mutilating behaviors*
___	___	Other _____

Please see complete Prescribing Information enclosed.

**CIBA-GEIGY**

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(11/90)

135-4564-A 21



**Child Anxiety Impact Scale - Parent**  
 Ver. 4.031303 - Pg. 1 of 2  
**CAMS - CAISP - Filled in by the PARENT**

ID 3

DATA CENTER USE ONLY  
 S  V  C

Indicate ONE informant. If you must indicate multiple informants, choose "Other" and list.

Informant:  Mother  Father  Aunt/Uncle  Grandparent  Other

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**DIRECTIONS**

Please rate how much your child's anxiety symptoms have caused problems for him or her in the following areas over the last TWO WEEKS. If a specific question does not apply to your child, mark "Not at all".

	Not at all	Just a little	Pretty much	Very much
1. Being with a group of strangers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Completing assignment in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Concentrating on his/her work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Doing fun things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Doing homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Eating in public, away from home, or at a friend's house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Eating with other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Getting along with his or her brothers or sisters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Getting along with his or her parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Getting good grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Getting ready for bed at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Getting to school on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Giving oral reports or reading out loud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Going on a date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Going shopping or trying on clothes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Going to a friend's house during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Going to a sports event or ball game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Having a boyfriend / girlfriend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Having relatives visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assessment Week:

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Gate B = -2  
 Gate C1 = -1  
 or 01 thru 36

Assessment Date:

		/			/				
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	Not at all	Just a little	Pretty much	Very much
20. Leaving the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Making new friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Sleeping at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Spending the night at a friend's house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Taking tests or exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Talking on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Visiting relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Writing in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Overall, how much are your child's anxiety symptoms...	Not at all	Just a little	Pretty much	Very much
a. causing problems for him / her at <u>school</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. causing problems for him / her <u>socially</u> , that is with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. causing problems for him / her with <u>family or at home</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assessment Date \_\_\_ / \_\_\_ / \_\_\_





# Multidimensional Anxiety Scale for Children

John March, M.D., M. P. H., Parent Ver. 4.031303 - Pg. 1 of 2

CAMS - MASCP - Filed in by the PARENT

ID: 3

DATA CENTER USE ONLY

S  V  C

Indicate ONE informant. If you must indicate multiple informants, choose "Other" and list.

Informant:  Mother  Father  Aunt/Uncle  Grandparent  Other

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## DIRECTIONS

This form is about how your child might have been thinking, feeling, or acting within the last **TWO WEEKS**. For each item, please shade in the circle that corresponds to how often the statement is true for your child. If a sentence is true about your child a lot of the time, shade in the circle under "**often**". If it is true about your child some of the time, shade in the circle under "**sometimes**". If it is true about your child once in a while, shade in the circle under "**rarely**". If a sentence is hardly ever true about your child, shade in the circle under "**never**". Remember, there are no right or wrong answers, just answers about how your child might have been feeling within the last **TWO WEEKS**.

	Never	Rarely	Sometimes	Often
1. My child feels tense or uptight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child usually asks permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child worries about other people laughing at him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child gets scared when I go away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child keeps his/her eyes open for danger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My child has trouble getting his/her breath.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The idea of going away to camp scares my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My child gets shaky or jittery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My child tries to stay near mom or dad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My child is afraid that other kids will make fun of him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My child tries hard to obey his/her parents and teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My child gets dizzy or faint feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My child checks things out first.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My child worries about getting called on in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My child is jumpy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My child is afraid other people will think he/she is stupid.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child keeps the light on at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My child has pains in his/her chest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My child avoids going to places without the family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My child feels strange, weird, or unreal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assessment Week:

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Gate B = -2  
Gate C1 = -1  
or 01 thru 36

Assessment Date:

		/			/				
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# Multidimensional Anxiety Scale for Children

John March, M.D., M. P. H., Parent Ver. 4.031303 - Pg. 2 of 2

CAMS - MASCP

ID:

3			
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	Never	Rarely	Sometimes	Often
21. My child tries to do things other people will like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. My child worries about what other people will think of him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. My child avoids watching scary movies and TV shows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. My child's heart races or skips beats.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. My child stays away from all things that upset him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. My child sleeps next to someone from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My child feels restless and on edge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My child tries to do everything exactly right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. My child worries about doing something stupid or embarrassing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. My child gets scared riding in the car or on the bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. My child feels sick to his/her stomach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. If my child gets upset or scared, he/she lets someone know right away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. My child gets nervous if he/she has to perform in public.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Bad weather, the dark, heights, animals, or bugs scare my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. My child's hands shake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My child checks to make sure things are safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. My child has trouble asking other kids to play with him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. My child's hands feel sweaty or cold.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. My child feels shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assessment Date \_\_\_/\_\_\_/\_\_\_

32116





**DIRECTIONS**

Please rate how much your anxiety symptoms have caused problems for you in the following areas over the last **TWO WEEKS**. If a specific question does not apply to you, mark "Not at all".

	Not at all	Just a little	Pretty much	Very much
1. Being with a group of strangers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Completing assignment in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Concentrating on your work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Doing fun things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Doing homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Eating in public, away from home, or at a friend's house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Eating with other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Getting along with your brothers or sisters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Getting along with your parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Getting good grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Getting ready for bed at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Getting to school on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Giving oral reports or reading out loud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Going on a date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Going shopping or trying on clothes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Going to a friend's house during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Going to a sports event or ball game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Having a boyfriend / girlfriend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Having relatives visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Leaving the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assessment Week:  
  Gate B = -2  
  Gate C1 = -1  
 or 01 thru 36

Assessment Date:  
  /   /

18910





	Not at all	Just a little	Pretty much	Very much
21. Making new friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Sleeping at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Spending the night at a friend's house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Taking tests or exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Talking on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Visiting relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Writing in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Overall, how much are your anxiety symptoms...	Not at all	Just a little	Pretty much	Very much
a. causing problems for you at <u>school</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. causing problems for you <u>socially</u> , that is with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. causing problems for you with <u>family or at home</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# Multidimensional Anxiety Scale for Children

John March, M.D., M. P. H., Ver. 3.112202 - Pg. 1 of 2

**CAMS - MASCC - To be filled in by the CHILD**

ID: 3

DATA CENTER USE ONLY  
S  V  C

## DIRECTIONS

This form is about how you might have been thinking, feeling, or acting within the last **TWO WEEKS**. For each item, please shade in the circle that corresponds to how often the statement is true for you. If a sentence is true about you a lot of the time, shade in the circle under "**often**". If it is true about you some of the time, shade in the circle under "**sometimes**". If it is true about you once in a while, shade in the circle under "**rarely**". If a sentence is hardly ever true about you, shade in the circle under "**never**". Remember, there are no right or wrong answers, just answers about how you might have been feeling within the last **TWO WEEKS**.

	Never	Rarely	Sometimes	Often
1. I feel tense or uptight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I usually ask permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I worry about other people laughing at me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I get scared when my parents go away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I keep my eyes open for danger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have trouble getting my breath.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The idea of going away to camp scares me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I get shaky or jittery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I try to stay near my mom or dad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I'm afraid that other kids will make fun of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I try hard to obey my parents and teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I get dizzy or faint feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I check things out first.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I worry about getting called on in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I'm jumpy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I'm afraid other people will think I'm stupid.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I keep the light on in my room at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I have pains in my chest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I avoid going to places without my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel strange, weird, or unreal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

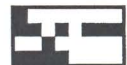
Assessment Week:

Gate B = -2  
Gate C1 = -1  
or 01 thru 36

Assessment Date:

/   /

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# Multidimensional Anxiety Scale for Children

John March, M.D., M. P. H., Ver. 3.112202 - Pg. 2 of 2

CAMS - MASCC

ID:

3

	Never	Rarely	Sometimes	Often
21. I try to do things other people will like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I worry about what other people will think of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I avoid watching scary movies and TV shows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. My heart races or skips beats.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I stay away from all things that upset me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I sleep next to someone from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I feel restless and on edge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I try to do everything exactly right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I worry about doing something stupid or embarrassing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I get scared riding in the car or on the bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I feel sick to my stomach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. If I get upset or scared, I let someone know right away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I get nervous if I have to perform in public.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Bad weather, the dark, heights, animals, or bugs scare me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. My hands shake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I check to make sure things are safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I have trouble asking other kids to play with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. My hands feel sweaty or cold.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I feel shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Assessment Date \_\_\_/\_\_\_/\_\_\_



# Liebowitz Social Anxiety Scale Liebowitz MR. Social Phobia. Mod Probl Pharmacopsychiatry 1987;22:141-173

Pt Name:	Pt ID #:
Date:	Assessment point:

<b>Fear or Anxiety:</b> 0 = None 1 = Mild 2 = Moderate 3 = Severe	<b>Avoidance:</b> 0 = Never (0%) 1 = Occasionally (1—33%) 2 = Often (33—67%) 3 = Usually (67—100%)
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	Fear or Anxiety	Avoidance	
1. Telephoning in public. (P)			1.
2. Participating in small groups. (P)			2.
3. Eating in public places. (P)			3.
4. Drinking with others in public places. (P)			4.
5. Talking to people in authority. (S)			5.
6. Acting, performing or giving a talk in front of an audience. (P)			6.
7. Going to a party. (S)			7.
8. Working while being observed. (P)			8.
9. Writing while being observed. (P)			9.
10. Calling someone you don't know very well. (S)			10.
11. Talking with people you don't know very well. (S)			11.
12. Meeting strangers. (S)			12.
13. Urinating in a public bathroom. (P)			13.
14. Entering a room when others are already seated. (P)			14.
15. Being the center of attention. (S)			15.
16. Speaking up at a meeting. (P)			16.
17. Taking a test. (P)			17.
18. Expressing a disagreement or disapproval to people you don't know very well. (S)			18.
19. Looking at people you don't know very well in the eyes. (S)			19.
20. Giving a report to a group. (P)			20.
21. Trying to pick up someone. (P)			21.
22. Returning goods to a store. (S)			22.
23. Giving a party. (S)			23.
24. Resisting a high pressure salesperson. (S)			24.