On the following two pages you will find in one row a list of situations that can make children and young people anxious.

Please record how often your child **avoids** the following situations **due to anxiety.**

My child avoids...

	Never	*Seldom*	*Half of the time*	*Most of the time*	*Always*
1. being at home alone	☐	☐	☐	☐	☐
2. being at home alone in the evening	☐	☐	☐	☐	☐
3. going to school/kindergarten alone	☐	☐	☐	☐	☐
4. going to visit friends alone	☐	☐	☐	☐	☐
5. going on a school camp/school trip	☐	☐	☐	☐	☐
6. staying somewhere else overnight	☐	☐	☐	☐	☐
7. going to sleep alone	☐	☐	☐	☐	☐
8. sleeping in his/her own bed	☐	☐	☐	☐	☐
9. sleeping in the dark	☐	☐	☐	☐	☐
10. staying at home alone with a babysitter/older sibling	☐	☐	☐	☐	☐
11. going home alone	☐	☐	☐	☐	☐
12. going into our house/apartment if no-one is there	☐	☐	☐	☐	☐

Please turn over

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Are there any other situations that your child avoids due to anxiety?

My child avoids...

	Never	*Seldom*	*Half of the time*	*Most of the time*	*Always*
13. *Situation avoided:*	□	□	□	□	□
14. *Situation avoided:*	□	□	□	□	□
15. *Situation avoided:*	□	□	□	□	□
16. *Situation avoided:*	□	□	□	□	□

Please check that you have answered all of the questions.

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