Youth Worries and Fears Questions (YWFQ): Youth and Parent Version (Assessment)

This form can be used as an aid to help your health provider in the diagnosis of an Anxiety Disorder. Please complete the form as instructed by your health care provider.

First put a check mark in box number 1, 2, or 3 that best describes you/your child as they USUALLY are. Then, once you have done that, if the score is 3 (very often box) please decide if, in your opinion, you/your child shows that characteristic "CLEARLY MOE THASN OTHER YOUNG PEOPLE AT THIS AGE". If that is the case then tick box 4. Thus, some items may have two check marks in their rows and some items may have only one.

Do you/your child have challenges with excessive worry, anxiety, irrational fears, panicky feelings or frequent unexplained physical symptoms such as: stomach-aches; diarrhea; head-aches; nausea; breathing problems; sweating; trembling/shaking; dizziness?

       NO   If no, do not proceed. Return this page to your health provider.
       YES   If yes, proceed as below.

	(1) None or Some	(2) Quite often	(3) Very Often	(4) Much more than other young people at this age
1. Usually experience these sensations when in a social situation				
2. Worry that other people will notice how anxious you are				
3. Worry that other people will judge, humiliate or embarrass you				
4. Avoid situations or places in which the symptoms occur				
5. Usually experience these situations out of the blue				
6. Experience rapidly onsetting panicky episodes that can last 15 or 20 minutes (or less)				
7. Worry a lot about having a panicky episode				
8. Avoid going places or doing things in case a panicky episode will occur				
9. Worry about most things, such as: school; friends; work; etc.				
10. Find it really hard to shut down or shut off your worrying				
11. Feel at least 3 of the following to the point of discomfort: restless; tired; trouble concentrating; irritable; tense muscles; sleep problems				
12. Do people whom you know comment that you are a huge worrier				
TOTALS				