

PROMIS – A Short Form

PARENT VERSION

Child's Name: _____

Child's Date of Birth: _____

Name of person completing form: _____

Today's Date: _____

Instructions: Please respond to each statement by circling on number per row.

<i>In the past 7 days...</i>	Never	Almost Never	Sometimes	Often	Almost Always
My child felt nervous.	1	2	3	4	5
My child felt scared.	1	2	3	4	5
My child felt worried.	1	2	3	4	5
My child felt like something awful might happen.	1	2	3	4	5
My child worried when he/she was at home.	1	2	3	4	5
My child got scared really easy.	1	2	3	4	5
My child worried about what could happen to him/her.	1	2	3	4	5
My child worried when he/she went to bed at night.	1	2	3	4	5