

PROMIS – A Short Form

YOUTH VERSION

Your Name: _____

Your Date of Birth: _____

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
I felt like something awful might happen.	1	2	3	4	5
I felt nervous.	1	2	3	4	5
I felt scared.	1	2	3	4	5
I felt worried.	1	2	3	4	5
I worried when I was at home.	1	2	3	4	5
I got scared really easy.	1	2	3	4	5
I worried about what could happen to me.	1	2	3	4	5
I worried when I went to bed at night.	1	2	3	4	5