(120) Preschool anxiety: physical injury fear

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Below is a list of items that describe children. For each item please circle the response that best describes your child. Please circle the 4 if the item is very often true, 3 if the item is quite often true, 2 if the item is sometimes true, 1 if the item is seldom true or if it is not true at all circle the 0. Please answer all the items as well as you can, even if some do not seem to apply to your child |

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| --- |
|  Not True at All  |

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|  |
| --- |
|  Seldom True  |

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|  |
| --- |
|  Sometimes True  |

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|  |
| --- |
|  Quite Often True  |

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|  |
| --- |
|  Very Often True  |

 |
|  | Is scared of heights (high places) | 0 | 1 | 2 | 3 | 4 |
|  | Is afraid of crowded or closed-in places | 0 | 1 | 2 | 3 | 4 |
|  | Is nervous of thunderstorms | 0 | 1 | 2 | 3 | 4 |
|  | Is nervous of going swimming | 0 | 1 | 2 | 3 | 4 |
|  | Is afraid of insects and/or spiders | 0 | 1 | 2 | 3 | 4 |
|  | Is frightened of dogs | 0 | 1 | 2 | 3 | 4 |
|  | Is afraid of the dark | 0 | 1 | 2 | 3 | 4 |