REPLENISH

The Whatcom County Child & Adolescent Mental and Behavioral Health Community Connection Project

Assessment Preparation Worksheet - Anxiety

1. What are your child's strengths?

2. When did you first start noticing concerns or wondering if your child was different from their peers? What did you notice?

3. What specifically are the things you are concerned about?

4. What have you tried to address the concerns?

5. Is there anything that they reliably avoid or try to avoid?

6. Has their sleep pattern changed at all?

7. Are they more irritable or grumpy? If so when did you notice those changes?

8. Do they have any routines that you HAVE to complete? If so give a few examples.

9. Is there anything your child avoids doing? Are there situations or things you avoid because you know it will be distressing to your child? If so, give a few examples:

10. Any changes to their activities? If so in what way and then did those changes start?

11. Do you notice any physiological symptoms?

- ☐ Headaches
- ☐ Body aches
- ☐ Stomach aches
- ☐ Nausea/Vomiting
- ☐ Fatigue
- ☐ Diarrhea

Other:

12. Have they developed any school attendance issues?

13. Has there been any difficulty with friends or friendships? If so when did those start?

14. Does the school notice or have any concerns about your child? For example: does your child struggle to participate in school, struggle with eating at school or using the bathroom, or struggle separating from you? If so, give examples: