

Fears and Worries Checklist

Instructions: Think about your worries and fears, and mark them all below. You can check the box next to each fear and write in any that aren't included on the list where it says "other." After you complete the checklist, discuss with your parent if there is anything you would like to add to the list.

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| <input type="checkbox"/> Dark | <input type="checkbox"/> Making mistakes |
| <input type="checkbox"/> Insects | <input type="checkbox"/> Doing assessments or tests |
| <input type="checkbox"/> Animal(s) | <input type="checkbox"/> Being separated from my parent |
| <input type="checkbox"/> Doctors or dentists | <input type="checkbox"/> Something bad happening to my parent |
| <input type="checkbox"/> Water | <input type="checkbox"/> Getting lost or being kidnapped |
| <input type="checkbox"/> Weather Changes | <input type="checkbox"/> Sleeping away from my parents or home |
| <input type="checkbox"/> Loud noises | <input type="checkbox"/> Worrying about what will happen in the future |
| <input type="checkbox"/> Items that make loud noises | <input type="checkbox"/> Worrying about what is happening around the world (wars, crime, climate change, floods, hurricanes, etc.) |
| <input type="checkbox"/> Monsters, aliens, the supernatural, etc. | <input type="checkbox"/> Worrying about my own health |
| <input type="checkbox"/> Heights | <input type="checkbox"/> Worrying about the health of my family/friends |
| <input type="checkbox"/> Escalators/elevators | <input type="checkbox"/> Leaving doors unlocked, lights on, appliances on, etc. |
| <input type="checkbox"/> Germs | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Throwing up or getting sick | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Choking | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Others thinking badly of me/other people laughing at me | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Answering or asking questions in class | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Standing out or being the center of attention | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Music or sport performances | |
| <input type="checkbox"/> Interacting with peers | |
| <input type="checkbox"/> Speaking to others | |