

# Sophia's Fears and Worries Checklist

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|---|--|
| <input type="checkbox"/> Darkness   | <input checked="" type="checkbox"/> Making mistakes  |
| <input checked="" type="checkbox"/> Insects   | <input checked="" type="checkbox"/> Getting bad grades on tests                                      |
| <input type="checkbox"/> Doctors or dentists appointments                             | <input checked="" type="checkbox"/> Something not being perfect                                      |
| <input checked="" type="checkbox"/> Bad weather                                       | <input checked="" type="checkbox"/> Not knowing what will happen in the future                       |
| <input type="checkbox"/> Loud environment   | <input type="checkbox"/> Going to college  |
| <input type="checkbox"/> Items that make loud noises                                  | <input checked="" type="checkbox"/> Going to a new school or new environment                         |
| <input type="checkbox"/> Monsters, aliens, ghosts, etc.                               | <input type="checkbox"/> Bad things happening around the world (wars, crime, natural disaster, etc.) |
| <input type="checkbox"/> Heights  | <input type="checkbox"/> Body image (how I look in front of others, height, weight, etc.)            |
| <input checked="" type="checkbox"/> Germs   | <input type="checkbox"/> My own physical health  |
| <input type="checkbox"/> Throwing up or getting sick                                  | <input checked="" type="checkbox"/> Changes in routine and schedule                                  |
| <input type="checkbox"/> Choking  | <input checked="" type="checkbox"/> Sleeping away from home  |
| <input checked="" type="checkbox"/> Being judged by classmates                        | <input checked="" type="checkbox"/> Bad things like accidents or sickness happening to parents       |
| <input checked="" type="checkbox"/> Embarrassing myself in front of a group of people | <input checked="" type="checkbox"/> Leaving doors unlocked, lights on, appliances on, etc.           |
| <input checked="" type="checkbox"/> Answering or asking questions in class            | <input type="checkbox"/> Things not being placed at the 'right' spots                                |
| <input checked="" type="checkbox"/> Standing out or being the center of attention     | <input type="checkbox"/> Other:  |
| <input checked="" type="checkbox"/> Music or sport performances                       | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Interacting with peers                                       | <input type="checkbox"/> Other:  |
| <input checked="" type="checkbox"/> Starting conversations                            |  |
| <input checked="" type="checkbox"/> Being bullied in-person or online                 |  |
| <input type="checkbox"/> Other:   |  |
| <input type="checkbox"/> Other:   |  |
| <input type="checkbox"/> Other:   |  |

# George's Fears and Worries Checklist

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|---|--|
| <input type="checkbox"/> Darkness   | <input checked="" type="checkbox"/> Making mistakes  |
| <input type="checkbox"/> Insects  | <input type="checkbox"/> Getting bad grades on tests   |
| <input type="checkbox"/> Doctors or dentists appointments                             | <input checked="" type="checkbox"/> Something not being perfect                                      |
| <input checked="" type="checkbox"/> Bad weather                                       | <input checked="" type="checkbox"/> Not knowing what will happen in the future                       |
| <input checked="" type="checkbox"/> Loud environment                                  | <input checked="" type="checkbox"/> Going to college   |
| <input checked="" type="checkbox"/> Items that make loud noises                       | <input type="checkbox"/> Going to a new school or new environment                                    |
| <input type="checkbox"/> Monsters, aliens, ghosts, etc.                               | <input type="checkbox"/> Bad things happening around the world (wars, crime, natural disaster, etc.) |
| <input type="checkbox"/> Heights  | <input type="checkbox"/> Body image (how I look in front of others, height, weight, etc.)            |
| <input checked="" type="checkbox"/> Germs   | <input checked="" type="checkbox"/> My own physical health   |
| <input type="checkbox"/> Throwing up or getting sick                                  | <input type="checkbox"/> Changes in routine and schedule   |
| <input type="checkbox"/> Choking  | <input type="checkbox"/> Sleeping away from home   |
| <input type="checkbox"/> Being judged by classmates                                   | <input checked="" type="checkbox"/> Bad things like accidents or sickness happening to parents       |
| <input checked="" type="checkbox"/> Embarrassing myself in front of a group of people | <input type="checkbox"/> Leaving doors unlocked, lights on, appliances on, etc.                      |
| <input checked="" type="checkbox"/> Answering or asking questions in class            | <input checked="" type="checkbox"/> Things not being placed at the 'right' spots                     |
| <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"/> Other:  |
| <input type="checkbox"/> Interacting with peers                                       | <input type="checkbox"/> Other:  |
| <input checked="" type="checkbox"/> Starting conversations                            |  |
| <input checked="" type="checkbox"/> Being bullied in-person or online                 |  |
| <input type="checkbox"/> Other:   |  |
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| <input type="checkbox"/> Other:   |  |