

## Mood & Anxiety Disorders Clinic - DVD Reflection Questions

Child's Name: \_\_\_\_\_

1. Family History of anxiety on mother or father's side of the family (parent, aunts /uncles grandparents etc.):

2. Life events that may have triggered anxiety in my child include:

3. My child's anxiety includes:

- Excessive worries that may interfere with sleep & result in head and tummy aches Y N
- Fears of specific things (insects, animals like dogs, storms, elevators, heights, injections etc.) Y N
- Shy, anxious behavior in social situations (with store clerks, receptionists, waitress, speaking in front of class etc.) Y N
- Worries and rituals about germs, needing things just so, ordering, checking etc Y N
- Recurrent memories or dreams about past traumatic events Y N
- Panic attacks (describe): \_\_\_\_\_ Y N
- Distress when separating from parents Y N
- School Avoidance Y N

4. My child's anxiety includes (flight or fight reactions) :  
Avoidance of

Anger Response when anxious

5. As parents we have tried these things to help: (before and since the video)

6. Rescue ----- Kick Butt Continuum Self Rating:

