

Parent Proxy Anxiety – Short Form 8a

Please respond to each question or statement by marking one box per row.

In the past 7 days...		Never	Almost Never	Sometimes	Often	Almost Always
Pf1anxiety8r	My child felt nervous.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2anxiety2r	My child felt scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2anxiety9r	My child felt worried.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2anxiety1r	My child felt like something awful might happen.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2anxiety5r	My child worried when he/she was at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf1anxiety1r	My child got scared really easy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf1anxiety3r	My child worried about what could happen to him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2anxiety4r	My child worried when he/she went to bed at night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

TOTAL SCORE: _____

PROMIS ANXIETY SCORING GUIDE*

Pediatric Anxiety – Short Form 8a

Parent Proxy Report

Raw Score	T-score Range	T-score Interpretation	Clinical Recommendation
8-16	<55	<i>Typical/Normative</i>	Continue to monitor & assess periodically
17-24	54.7-64.2	<i>Slightly Elevated</i>	Provide brief psychoeducation and/or caregiver handout; assess response & consider FAST-A
25-35	65.6-78.8	<i>Elevated</i>	Start FAST-A
>35	80.2-86.4	<i>Very Elevated</i>	May still benefit from FAST-A; Start FAST-A and reassess need for ongoing care/external referral

*Guidelines are based on general interpretation of T-scores and evidence-based recommendations for pediatric anxiety. These recommendations have NOT been empirically derived and have not been evaluated by NIH.