**Assessment of Anxiety**

This checklist of symptoms will give you an idea of the extent of anxiety in your family and where it sits (adults/children). Take a note of your answers as you go through each question, so you can do the checklist again, at a later date, and compare the results.

**Worry in the family**

 Anxiety or worry is present in my family, (how much of the time? and to what extent?)

Mostly the children are worried (tick if correct)

Mostly the adults are worried (tick if correct)

**Someone in my family is scared of something specific**(Tick which ones and think about how much it affects the person and the family)

the dark
dogs
spiders
public spaces
confined spaces
 something else specific

**General worries**

***Someone in my family is scared of something general***(if yes, tick which ones and think about how much this affects them and the family)

uncontrollable events
something that is not real
possible risks
generally everything
change

**Separation worries** Someone in my family is scared of being separated; (think about to what extent the following is true)

The children don’t like to be separate from the adults
The adults in the family don’t like to leave the children anywhere/anywhere new/with friends
The adults don’t allow the children to take risks in ways that we would have prior to the earthquakes
The children won’t go to specific places in the house alone, or outside

**“Be careful” worries**

We are worried about potential risks; (think about to what extent you are worried and how this has changed your behaviour) - here are some examples

We are often on the look-out for danger
The children often warn us about potential problems
We say “Be careful” often/more than we used to
The children need constant reassurance or attention;
We have changed our lives to keep the children safer, e.g. by curbing independence, by talking more about risk, about always knowing where they are; by giving in more often when we would usually hold our ground, by being more empathic, by allowing children to stay home from school more, by listening more to their worries.

 **Family climate**

Our family emotional climate has changed (how much has it changed?  How much resistance would there be to change back? Here are some examples of how it may have changed)
We have changed our family routines, e.g. sleep, eating, toileting

Our style of parenting has changed
We drink more
We smoke more
We argue more
We cry more
We sleep less
We are more irritable/angry

**Physical symptoms of anxiety** (Think about the extent that family members feel the following)

We have these physical symptoms of anxiety
nausea
sleeplessness
lack of concentration
panic attacks
heart racing
sweating
clumsiness
tummy aches
headaches
fainting

**Other symptoms**

We have these symptoms too
Checking things,
counting things
washing hands/things
not stepping on cracks
touching things in certain ways

**Other things I would like to remember about my family and anxiety at this time** (Write them here)

**Strengths that our family has**(Write them here)

**Remember, this is a guide only, not a validated assessment tool.**

If you complete this checklist and are very concerned at your answers, please contact your GP and ask for help understanding this.  They will be able to refer you to an appropriate service.

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