



Social Worries Questionnaire – P A R E N T (S)

Date: _____ Young person's name: _____ His/Her sex: _____

Class: _____ School: _____ His/Her age: _____

Name of parent completing the form: _____

Please put a circle around the rating which best describes your son or daughter over the past four weeks.

Circle the number 0 if the item is not true. Circle the number 1 if the item is sometimes true. Circle the number 2 if the item is mostly true.

Please answer all items.

	He or she:	Not true	Sometimes true	Mostly true
1	Avoids or gets worried about going to parties	0	1	2
2	Avoids or gets worried about using the telephone	0	1	2
3	Avoids or gets worried about meeting new people	0	1	2
4	Avoids or gets worried about presenting work to the class	0	1	2
5	Avoids or gets worried about attending clubs or sports activities	0	1	2
6	Avoids or gets worried about approaching a group of kids to ask to join in	0	1	2
7	Avoids or gets worried about talking in front of a group of adults	0	1	2
8	Avoids or gets worried about going into a shop alone to buy something	0	1	2
9	Avoids or gets worried about standing up for him/herself with other kids	0	1	2
10	Avoids or gets worried about entering a room full of people	0	1	2

SOCIAL SKILLS TRAINING



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