Youth Worries and Fears Questions (YWFQ): Clinician Version (Assessment)

This form can be used as an aid to help you in the diagnosis of an Anxiety Disorder.

First put a check mark in box number 1, 2, or 3 that best describes your patient as they USUALLY are. Then, once you have done that, if the score is 3 (very often box) please decide if, in your opinion, your patient shows that characteristic "CLEARLY MOE THAN OTHER YOUNG PEOPLE AT THIS AGE". If that is the case then tick box 4. Thus, some items may have two check marks in their rows and some items may have only one.

For scoring see below.

Does your patient describe symptoms of excessive worry, anxiety, irrational fears, panicky feelings or frequent unexplained physical symptoms such as: stomach-aches; diarrhea; head-aches; nausea; breathing problems; sweating; trembling/shaking; dizziness?

NO If no, do not proceed. YES If yes, proceed as below.

Does your patient's experience of their symptoms lead to functional impairment in one or more of: school; family; friends; work; leisure time?

NO If no, do not proceed. YES If yes, proceed as below.

Does your patient:

| | | (1) None or Some | (2) Quite often | (3) Very Often | (4) Much more than other young people at this age |
|-----|---|------------------------|-----------------------|----------------------|---|
| 1. | Usually experience these sensations when in a social situation | | | | |
| 2. | Worry that other people will notice how anxious he/she is | | | | |
| 3. | Worry that other people will judge, humiliate or embarrass him/her | | | | |
| 4. | Avoid situations or places in which the symptoms occur | | | | |
| 5. | Usually experience these situations "out of the blue" | | | | |
| 6. | Experience rapidly onsetting panicky episodes that can last 15 or 20 minutes (or less) | | | | |
| 7. | Worry a lot about having a panicky episode | | | | |
| 8. | Avoid going places or doing things in case a panicky episode will occur | | | | |
| 9. | Worry about most things, such as: school; friends; work; etc. | | | | |
| 10. | Find it really hard to shut down or shut off their worrying | | | | |
| 11. | Feel at least 3 of the following to the point of discomfort: restless; tired; trouble concentrating; irritable; tense muscles; sleep problems | | | | |
| 12. | Have friends or family people comment that they are a huge worrier | | | | |

| TOTALS | | |
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Scoring:

If three or more of items 1 - 4 are scored 4: consider a diagnosis of Social Anxiety Disorder

If three or more of items 5 - 8 are scored 4: consider a diagnosis of Panic Disorder

If three or more of items 9 - 12 are scored 4: consider a diagnosis of Panic Disorder

Remember: Anxiety symptoms are ubiquitous and part of usual expected life and a normal response to life stressors. The presence of anxiety symptoms does not equal an Anxiety Disorder. Before diagnosis of an Anxiety Disorder please refer to DSM V pages 189 - 233 for specific criteria. Ensure your patient meets ALL the DSM V criteria INCLUDING the presence of significant functional impairment. Do not diagnose the following: Other Specified Anxiety Disorder: Unspecified Anxiety Disorder; Substance/Medication-Induced Anxiety Disorder, Agoraphobia.