

Screening for Anxiety using the IPAT Anxiety Scale

Instructions: inside this booklet, there are 40 statements about how people think or feel at one time or another. There are no right or wrong answers. Just pick the one that is really true for you, and mark the **a, b** or **c** answer. Mark the middle box only if it is impossible for you to mark **a** or **c**.

1976 Edition

SELF ANALYSIS FORM

NAME			TODAY'S DATE	
First	Middle	Last		
SEX (Write M or F)	AGE (Nearest Year)	OTHER FACTS (Address, Occupation, etc., as instructed)		

CONFIDENTIAL

Inside this booklet there are forty statements about how most people feel or think at one time or another. There are no right or wrong answers. Just pick the one that is really true for you, and mark the **a, b**, or **c** answer.

You'll start with the two simple examples below, for practice. Read the first sentence and then put an X in the box that tells how you feel about walking. If you enjoy walking, you would put an X in the **a** box. If you don't, you'd mark the **c** box. If you enjoy walking once in a while, you'd mark the middle box. But mark the middle box *only* if it is impossible for you to decide definitely **yes** or **no**. But don't use it unless you absolutely have to.

1. I enjoy walking.
[a] yes, [b] sometimes, [c] no.

Now do the second example.

2. I would rather spend an evening:
[a] talking to people, [b] uncertain, [c] at a movie.

Now:

1. Make sure you have put your name, and whatever else the examiner asks, at the top of this page.
2. Please answer every statement. Don't skip a single one. Your answers will be entirely confidential.
3. Remember, use the middle box only if you cannot possibly decide on **a** or **c**.
4. Don't spend time thinking over the statement. Just mark your answer quickly, according to how you feel about it *now*.

It will take only ten minutes or so to finish. Hand in the booklet when you're through, unless told to do otherwise. As soon as you're told to, turn the page and begin.

STOP HERE—WAIT FOR SIGNAL

1. My interests, in people and ways to have fun, seem to change quite fast. [a] true, [b] in between, [c] false.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
2. Even if people think poorly of me I still go on feeling O.K. about myself. [a] true, [b] in between, [c] false.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
3. I like to be sure that what I'm saying is right, before I join in on an argument. [a] yes, [b] in between, [c] no.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
4. I am inclined to let my feelings of jealousy influence my actions. [a] sometimes, [b] seldom, [c] never.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
5. If I had my life to live over again I'd: [a] plan very differently, [b] in between, [c] want it the same.	<input checked="" type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
6. I admire my parents in all important matters. [a] yes, [b] in between, [c] no.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
7. It's hard for me to take "no" for an answer, even when I know what I'm asking is impossible. [a] true, [b] in between, [c] false.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
8. I wonder about the honesty of people who are more friendly than I'd expect them to be. [a] true, [b] in between, [c] false.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
9. In getting the children to obey them, my parents (or guardians) were: [a] usually very reasonable, [b] in between, [c] often unreasonable.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
10. I need my friends more than they seem to need me. [a] rarely, [b] sometimes, [c] often.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
11. I feel sure I could "pull myself together" to deal with an emergency if I had to. [a] true, [b] in between, [c] false.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
12. As a child I was afraid of the dark. [a] often, [b] sometimes, [c] never.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
13. People sometimes tell me that when I get excited, it shows in my voice and manner too obviously. [a] yes, [b] uncertain, [c] no.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
14. If people take advantage of my friendliness I: [a] soon forget and forgive, [b] in between, [c] resent it and hold it against them.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
15. I get upset when people criticize me even if they really mean to help me. [a] often, [b] sometimes, [c] never.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
16. Often I get angry with people too quickly. [a] true, [b] in between, [c] false.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
17. I feel restless as if I want something but don't know what. [a] hardly ever, [b] sometimes, [c] often.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
18. I sometimes doubt whether people I'm talking to are really interested in what I'm saying. [a] true, [b] uncertain, [c] false.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
19. I'm hardly ever bothered by such things as tense muscles, upset stomach, or pains in my chest. [a] true, [b] in between, [c] false.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
20. In discussions with some people, I get so annoyed I can hardly trust myself to speak. [a] sometimes, [b] rarely, [c] never.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c

CONTINUE ON NEXT PAGE.

21. I use up more energy than most people in getting things done because I get tense and nervous. [a] true, [b] uncertain, [c] false.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I make a point of not being absent-minded or forgetful of details. [a] true, [b] uncertain, [c] false.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. No matter how difficult and unpleasant the snags and stumbling blocks are, I always stick to my original plan or intentions. [a] yes, [b] in between, [c] no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I get over-excited and "rattled" in upsetting situations. [a] yes, [b] in between, [c] no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I sometimes have vivid, true-to-life dreams that disturb my sleep. [a] yes, [b] in between, [c] no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I always have enough energy to deal with problems when I'm faced with them. [a] yes, [b] in between, [c] no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I have a habit of counting things, such as steps, or bricks in a wall, for no particular purpose. [a] true, [b] uncertain, [c] false.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Most people are a little odd mentally, but they don't like to admit it. [a] true, [b] uncertain, [c] false.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. If I make an embarrassing social mistake I can soon forget it. [a] yes, [b] in between, [c] no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I feel grouchy and just don't want to see people. [a] almost never, [b] sometimes, [c] very often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I can almost feel tears come to my eyes when things go wrong. [a] never, [b] very rarely, [c] sometimes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Even in the middle of social groups I sometimes feel lonely and worthless. [a] true, [b] in between, [c] false.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I wake in the night and have trouble sleeping again because I'm worrying about things. [a] often, [b] sometimes, [c] almost never.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. My spirits usually stay high no matter how many troubles I seem to have. [a] true, [b] in between, [c] false.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I sometimes get feelings of guilt or regret over unimportant, small matters. [a] yes, [b] in between, [c] no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. My nerves get on edge so that certain sounds, such as a screechy hinge, are unbearable and give me the shivers. [a] often, [b] sometimes, [c] never.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Even if something upsets me a lot, I usually calm down again quite quickly. [a] true, [b] uncertain, [c] false.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I seem to tremble or perspire when I think of a difficult task ahead. [a] yes, [b] in between, [c] no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I usually fall asleep quickly, in just a few minutes, when I go to bed. [a] yes, [b] in between, [c] no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I sometimes get tense and confused as I think over things I'm concerned about. [a] true, [b] uncertain, [c] false.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STOP HERE.

BE SURE YOU HAVE ANSWERED EVERY QUESTION.

Name _____	Sex _____	Age _____	Date _____	Examiner _____																																			
<table border="1"> <tr> <td>A Score (Covert, indir.)</td> <td>(p 2 score)</td> <td>B Score (Overt, manifest, sympt.)</td> <td>(p 3 score)</td> <td>TOTAL RAW SCORE (A + B)</td> </tr> <tr> <td colspan="4"></td> <td>_____</td> </tr> <tr> <td colspan="5"> TOTAL, STANDARD STEN SCORE <small>(from Table)</small> </td> </tr> <tr> <td colspan="5"> Q1 _____, Q2 _____, Q3 _____, Q4 _____, Q5 _____, Q6 _____, Q7 _____, Q8 _____, Q9 _____, Q10 _____, Q11 _____, Q12 _____, Q13 _____, Q14 _____, Q15 _____, Q16 _____, Q17 _____, Q18 _____, Q19 _____, Q20 _____, Q21 _____, Q22 _____, Q23 _____, Q24 _____, Q25 _____, Q26 _____, Q27 _____, Q28 _____, Q29 _____, Q30 _____, Q31 _____, Q32 _____, Q33 _____, Q34 _____, Q35 _____, Q36 _____, Q37 _____, Q38 _____, Q39 _____, Q40 _____, Q41 _____, Q42 _____, Q43 _____, Q44 _____, Q45 _____, Q46 _____, Q47 _____, Q48 _____, Q49 _____, Q50 _____, Q51 _____, Q52 _____, Q53 _____, Q54 _____, Q55 _____, Q56 _____, Q57 _____, Q58 _____, Q59 _____, Q60 _____, Q61 _____, Q62 _____, Q63 _____, Q64 _____, Q65 _____, Q66 _____, Q67 _____, Q68 _____, Q69 _____, Q70 _____, Q71 _____, Q72 _____, Q73 _____, Q74 _____, Q75 _____, Q76 _____, Q77 _____, Q78 _____, Q79 _____, Q80 _____, Q81 _____, Q82 _____, Q83 _____, Q84 _____, Q85 _____, Q86 _____, Q87 _____, Q88 _____, Q89 _____, Q90 _____, Q91 _____, Q92 _____, Q93 _____, Q94 _____, Q95 _____, Q96 _____, Q97 _____, Q98 _____, Q99 _____, Q100 _____ </td> </tr> <tr> <td colspan="5"> Experimental Scales: Overt-Covert Ratio ($\frac{B}{A}$) _____ </td> </tr> <tr> <td colspan="5"> Observations: <small>Enter observations here. These may be handwritten or typed. If handwritten, please use a dark ink and print clearly. If typed, please use a standard font and size.</small> </td> </tr> <tr> <td colspan="5"> Diagnostic Summary: <small>Enter diagnostic summary here. This may be handwritten or typed. If handwritten, please use a dark ink and print clearly. If typed, please use a standard font and size.</small> </td> </tr> </table>					A Score (Covert, indir.)	(p 2 score)	B Score (Overt, manifest, sympt.)	(p 3 score)	TOTAL RAW SCORE (A + B)					_____	TOTAL, STANDARD STEN SCORE <small>(from Table)</small>					Q1 _____, Q2 _____, Q3 _____, Q4 _____, Q5 _____, Q6 _____, Q7 _____, Q8 _____, Q9 _____, Q10 _____, Q11 _____, Q12 _____, Q13 _____, Q14 _____, Q15 _____, Q16 _____, Q17 _____, Q18 _____, Q19 _____, Q20 _____, Q21 _____, Q22 _____, Q23 _____, Q24 _____, Q25 _____, Q26 _____, Q27 _____, Q28 _____, Q29 _____, Q30 _____, Q31 _____, Q32 _____, Q33 _____, Q34 _____, Q35 _____, Q36 _____, Q37 _____, Q38 _____, Q39 _____, Q40 _____, Q41 _____, Q42 _____, Q43 _____, Q44 _____, Q45 _____, Q46 _____, Q47 _____, Q48 _____, Q49 _____, Q50 _____, Q51 _____, Q52 _____, Q53 _____, Q54 _____, Q55 _____, Q56 _____, Q57 _____, Q58 _____, Q59 _____, Q60 _____, Q61 _____, Q62 _____, Q63 _____, Q64 _____, Q65 _____, Q66 _____, Q67 _____, Q68 _____, Q69 _____, Q70 _____, Q71 _____, Q72 _____, Q73 _____, Q74 _____, Q75 _____, Q76 _____, Q77 _____, Q78 _____, Q79 _____, Q80 _____, Q81 _____, Q82 _____, Q83 _____, Q84 _____, Q85 _____, Q86 _____, Q87 _____, Q88 _____, Q89 _____, Q90 _____, Q91 _____, Q92 _____, Q93 _____, Q94 _____, Q95 _____, Q96 _____, Q97 _____, Q98 _____, Q99 _____, Q100 _____					Experimental Scales: Overt-Covert Ratio ($\frac{B}{A}$) _____					Observations: <small>Enter observations here. These may be handwritten or typed. If handwritten, please use a dark ink and print clearly. If typed, please use a standard font and size.</small>					Diagnostic Summary: <small>Enter diagnostic summary here. This may be handwritten or typed. If handwritten, please use a dark ink and print clearly. If typed, please use a standard font and size.</small>				
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PROBLEM BEHAVIOUR CHECK LIST

(PBCL)

Instructions: In this booklet, 58 behavioural problems are listed for three response categories. The parents have to assess the degree of problems which are related to their children. Each problem should be read one by one and rated as occurring 'most often', 'occasionally' or 'never'. Ratings can be indicated with a tick mark in the appropriate box.

<p>Consumable Booklet of P B C L (English Version)</p>					
<p>Please fill up the following information :—</p>					
Name of the Child.....					
Age.....	Sex.....				
Caste.....	Religion.....				
Type of Family.....	No. of Siblings.....				
Educational level of Father.....	Mother.....				
Business of Father.....	Mother.....				
Income of Father.....	Mother.....				
Residential Address.....					
<p>INSTRUCTIONS</p> <p>(This Checklist is to be filled by parents of the children)</p> <p>In this booklet, 58 behavioural problems are listed for three response categories, the parents have to assess degree of the problems which are related to their children. He has to read each problem one by one and assess whether that problem occurs Most often <input type="checkbox"/>, Occasionally <input type="checkbox"/> or Never <input type="checkbox"/> in the case of the child in question. He has to give his response by marking tick (✓) against the cell below that response mode.</p>					
<p>SCORING TABLE</p> <table border="1"><thead><tr><th>Raw Score</th><th>Interpretation</th></tr></thead><tbody><tr><td> </td><td> </td></tr></tbody></table>		Raw Score	Interpretation		
Raw Score	Interpretation				

S. N.	STATEMENTS	Most Often	Occasionally	Never
Does your child have : —				
1.	Fear of animals ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Nail biting problems ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Thumb sucking tendency ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Involuntary wetting of the bed ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Involuntary soiling of pants ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Disturbed sleep ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Increase in temper tantrums ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Social withdrawal tendency ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Tendency to babyish behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Increased Irritability ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Speech characterized by frequent repetition/ prolongation of sounds or syllabus or words (stammering) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Scholastic problems ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Anxiety ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Speech articulation defect ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Examination phobia ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Poor memory ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Lack of attention ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Lack of concentration ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Fussy eating habits ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Regression of previously acquired skills (such as bowel & bladder control) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Strong reluctance to share with sibling ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Lack of positive regard for sibling ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Few friendly interactions with sibling(s) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Hositility, physical trauma and/or maliciousness towards sibling ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S. N.	STATEMENTS	Most Often	Occasionally	Never
Does your child have (Cont'd....) : —				
25.	Undermining tendencies towards the sibling ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Marked competition with siblings for the attention with an unusual degree of negative feelings ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Persistent or recurrent fear/avoidance of strangers and peers ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Unrealistic, preoccupying worry that some untoward event such as the child being lost, kidnapped, admitted to hospital or killed, will separate him/her from mother/father/ grand parent/any other ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Unrealistic worry about possible harm befalling the attachment figure or a fear that they will leave and not return ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Persistent reluctance/refusal to go to school because of fear of separation ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Persistent reluctance/refusal to go to sleep without being near to the attachment figure ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Persistent inappropriate fear of being alone or without parent the whole day ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Repeated nightmares about separation ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Repeated occurrence of physical symptoms (nausea, stomach ache, headache, vomiting) on occasions that involve separation such as leaving home to go to school ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Excessive recurrent distress (crying, tantrums, social withdrawal) in anticipation or during or immediately following separation from the attachment figure ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Self-injurious behaviour ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Persistent and marked depression of mood ; Excessive misery, Loss of interest and pleasure in usually enjoyable activities, Self-blame, Hopelessness ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Aggressive behaviour ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Defiant conduct ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S. N.	STATEMENTS	Most Often	Occasionally	Never
Does your child have (Cont'd....) :—				
40.	Excessive levels of fighting/bullying ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Cruelty to animals or other people ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	Severe destructiveness to property ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	Fire setting habits ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Stealing habits ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	Repeated lying habits ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	Habit of truancy from school ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	Habit of running away from home ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.	Habit of unusual frequent temper tantrums ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.	Defiant provocative behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.	Persistent severe disobedience ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	Isolation from and/or rejection by or unpopularity with other children ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.	Lack of close friends ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.	Hostile relations with adults ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54.	Resistance to authority ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55.	Deliberate attempts to annoy others ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.	Annoying tendencies on trivial incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57.	Blaming tendencies towards others for his mistakes/difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.	Violation of age appropriate social expectations in terms of manners, academic performance and compliance with adults, rules and regulations ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The World Health Organization – Five Well-Being Index (WHO-5)

Please indicate for each of the five statements which is closest to how you have been feeling **over the last two weeks**.

Notice that **higher numbers mean better well-being**.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, select number **three**.

Response Options

- **5** – All of the time
- **4** – Most of the time
- **3** – More than half of the time
- **2** – Less than half of the time
- **1** – Some of the time
- **0** – At no time

Statements	0	1	2	3	4	5
I have felt cheerful and in good spirits						
I have felt calm and relaxed						
I have felt active and vigorous						
I woke up feeling fresh and rested						
My daily life has been filled with things that interest me						

Scoring

The raw score is calculated by totalling the scores on each of the five questions. The raw score ranges from **zero to 25**, zero representing **worst possible mental well-being** and 25 representing **best possible mental well-being**.

To get a **percentage score** ranging from **zero to 100**, the raw score is multiplied by **four**. A percentage score of zero represents **worst possible mental well-being**; a score of 100 represents **best possible mental well-being**.

Comment

A percentage score **below 50** (or a raw score **below 13**) has been suggested as a **cut-off for poor mental well-being** and as an indication for **further assessment** for the possible presence of a mental health condition (e.g., **depressive disorder**) [4].