

## Child Anxiety Life Interference Scale (CALIS Parent Version)

Child's name:	Child's DOB:
Your name:	Today's Date:
Your relationship to child:	

**NOTE:** Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviours in the past 6 months.

### 1. Do fears and worries upset or distress your child?

Not at all                  Only a little                  Sometimes                  Quite a lot                  A great deal  
0                                  1                                  2                                  3                                  4

2. How much do fears and worries interfere with your child's everyday life in the following areas?	Not at all	Only a little	Some times	Quite a lot	A great deal
a. Getting on with parents	0	1	2	3	4
b. Getting on with siblings (Answer 'Not at All' if you have only one child)	0	1	2	3	4
c. Being with friends outside of school	0	1	2	3	4
d. Performance in the classroom	0	1	2	3	4
e. Interacting with peers at recess and lunch	0	1	2	3	4
f. Playing sport	0	1	2	3	4
g. Doing enjoyable activities like going to parties, movies or holidays	0	1	2	3	4
h. Daily activities (eg sleeping, going to school, homework, playing)	0	1	2	3	4
3. How much do your child's fears and worries interfere with your everyday life in the following areas	Not at all	Only a little	Some times	Quite a lot	A great deal
a. Your relationship with your partner or a potential partner	0	1	2	3	4
b. Your relationship with extended family	0	1	2	3	4
c. Your relationship with friends	0	1	2	3	4
d. Your career (choice to work, how many hours you do or how often you miss work)	0	1	2	3	4
e. Your ability to go out to activities/events without your child	0	1	2	3	4
f. Your ability to go out to activities/events with your child	0	1	2	3	4
g. Your level of stress	0	1	2	3	4