

DAISEY DASS-21 CHILD FORM

*Please Print Information – Required Questions Marked With **

PART 1

CHILD COMPLETING FORM			
Which child is filling out the form?*			
<i>Print child's first and last name</i>			
CHILD RECEIVING SERVICES			
Which CHILD is this form about (person receiving services)?*			
<i>Print child's first and last name</i>			
FORM INFORMATION			
Which caregiver was involved?*			
<i>Print Primary Caregiver's first and last name</i>			
Which child was involved?*			
<i>"Child Involved" is the target child or candidate for care</i>			
Date of Activity* mm/dd/yyyy		Form Timing*	<input type="checkbox"/> Time 1 <input type="checkbox"/> Time 2

PART 2

DASS-21	
<i>Please read each statement and select a number 0, 1, 2, or 3 which indicates how much the statement applied to you <u>over the past week.</u></i>	
In the past week...	
1. I found it hard to wind down.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
2. I was aware of dryness of my mouth.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
3. I couldn't seem to experience any positive feeling at all.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3

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DASS-21 CONT.	
4. I experienced breathing difficulties (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion).	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
5. I found it difficult to work up the initiative to do things.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
6. I tended to over-react to situations.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
7. I experienced trembling (e.g. in the hands).	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
8. I felt that I was using a lot of nervous energy.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
9. I was worried about situations in which I might panic and make a fool of myself.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
10. I felt I had nothing to look forward to.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
11. I found myself getting agitated.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3

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DASS-21 CONT.	
12. I found it difficult to relax.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
13. I felt down-hearted and blue.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
14. I was intolerant of anything that kept me from getting on with what I was doing.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
15. I felt I was close to panic.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
16. I was unable to become enthusiastic about anything	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
17. I felt I wasn't worth much as a person.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
18. I felt that I was rather touchy.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
19. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3

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DASS-21 CONT.	
20. I felt scared without any good reason.	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3
21. I felt that my life was meaningless	<input type="checkbox"/> Does not apply to me at all = 0 <input type="checkbox"/> Applied to me to some degree, or some of the time = 1 <input type="checkbox"/> Applied to me to a considerable degree, or a good part of the time = 2 <input type="checkbox"/> Applied to me very much, or most of the time = 3

Depression Score:		Anxiety Score:		Stress Score:	
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