

# 14-Question Mental Health Check-In on Children by Their Parents

## Anxiety

1. Is anything worrying you?
2. What are you doing during recess? Who are you spending time with?
3. How is your body feeling? Are you having stomach aches or headaches?
4. Is it easy for you to fall asleep?
5. Is something making you scared?
6. Do you have any problems paying attention?

## Depression

7. Do you feel sad?
8. Have you been feeling cranky?
9. Do you know what's bothering you?
10. Who are your friends now? What do you do with them?
11. Do you sometimes wish you weren't alive at all?

## Bullying

12. Does bullying happen at your school? Have you seen anyone being bullied?
13. Does anyone bother you at school? Has anyone hit you?
14. Has anything really frightening happened to you?

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