

Anyone interested in using this measure for research and/or clinical purposes is required to contact Dr. Marlene Moretti at moretti@sfu.ca for permission to do so.

THE AFFECT REGULATION CHECKLIST – PARENT REPORT ON YOUTH (ARC-Y)

Please read each statement below and circle the answer that best describes your child, in your opinion.					
Over the past 6 months, on average...					
	Not Like My Child		Somewhat Like My Child		A Lot Like My Child
	1	2	3	4	5
1. My child has a hard time controlling my feelings	1	2	3	4	5
2. My child finds that thinking about why he/she has different feelings helps him/her to learn about him/herself.	1	2	3	4	5
3. My child tries hard not to think about his/her feelings.	1	2	3	4	5
4. My child finds it very hard to calm down when upset.	1	2	3	4	5
5. My child finds that thinking about why he/she acts in certain ways helps him/her to understand him/herself.	1	2	3	4	5
6. My child believes it is best to keep feelings in control and not to think about them.	1	2	3	4	5
7. My child finds that his/her feelings just take over and he/she can't do anything about it.	1	2	3	4	5
8. My child finds that thinking about what's happened to him/her in his/her life helps him/her to understand him/herself.	1	2	3	4	5
9. My child keeps his/her feelings to him/herself.	1	2	3	4	5
10. My child takes a long time to get over it when he/she gets upset.	1	2	3	4	5

11. My child finds that thinking about his/her feelings just makes everything worse.	1	2	3	4	5
12. My child tries to do other things to keep his/her mind off how he/she feels.	1	2	3	4	5

DO NOT COPY