

PRESCHOOL ANXIETY SCALE (Parent Report)

Your Name:

Date: _____

Your Child's Name:

Below is a list of items that describe children. For each item please circle the response that best describes your child. Please circle the **4** if the item is **very often true**, **3** if the item is **quite often true**, **2** if the item is **sometimes true**, **1** if the item is **seldom true** or if it is **not true at all** circle the **0**. Please answer all the items as well as you can, even if some do not seem to apply to your child.

	Not True at All	Seldom True	Sometimes True	Quite Often True	Very Often True
1 Has difficulty stopping him/herself from worrying.....	0	1	2	3	4
2 Worries that he/she will do something to look stupid in front of other people.....	0	1	2	3	4
3 Keeps checking that he/she has done things right (e.g., that he/she closed a door, turned off a tap).....	0	1	2	3	4
4 Is tense, restless or irritable due to worrying.....	0	1	2	3	4
5 Is scared to ask an adult for help (e.g., a preschool or school teacher).....	0	1	2	3	4
6 Is reluctant to go to sleep without you or to sleep away from home.....	0	1	2	3	4
7 Is scared of heights (high places).....	0	1	2	3	4
8 Has trouble sleeping due to worrying.....	0	1	2	3	4
9 Washes his/her hands over and over many times each day.....	0	1	2	3	4
10 Is afraid of crowded or closed-in places.....	0	1	2	3	4
11 Is afraid of meeting or talking to unfamiliar people.....	0	1	2	3	4
12 Worries that something bad will happen to his/her parents.....	0	1	2	3	4
13 Is scared of thunder storms.....	0	1	2	3	4
14 Spends a large part of each day worrying about various things.....	0	1	2	3	4
15 Is afraid of talking in front of the class (preschool group) e.g., show and tell.....	0	1	2	3	4
16 Worries that something bad might happen to him/her (e.g., getting lost or kidnapped), so he/she won't be able to see you again.....	0	1	2	3	4
17 Is nervous of going swimming.....	0	1	2	3	4

	Not True at All	Seldom True	Sometimes True	Quite Often True	Very Often True
18 Has to have things in exactly the right order or position to stop bad things from happening.....	0	1	2	3	4
19 Worries that he/she will do something embarrassing in front of other people.....	0	1	2	3	4
20 Is afraid of insects and/or spiders.....	0	1	2	3	4
21 Has bad or silly thoughts or images that keep coming back over and over.....	0	1	2	3	4
22 Becomes distressed about your leaving him/her at preschool/school or with a babysitter.....	0	1	2	3	4
23 Is afraid to go up to group of children and join their activities.....	0	1	2	3	4
24 Is frightened of dogs.....	0	1	2	3	4
25 Has nightmares about being apart from you.....	0	1	2	3	4
26 Is afraid of the dark.....	0	1	2	3	4
27 Has to keep thinking special thoughts (e.g., numbers or words) to stop bad things from happening.....	0	1	2	3	4
28 Asks for reassurance when it doesn't seem necessary.....	0	1	2	3	4
29 Has your child ever experienced anything really bad or traumatic (e.g., severe accident, death of a family member/friend, assault, robbery, disaster)	YES	NO			

Please briefly describe the event that your child experienced.....

If you answered **NO** to **question 29**, please **do not** answer questions 30-34. **If you answered YES, please DO** answer the following questions.

Do the following statements describe your child's behaviour since the event?

30 Has bad dreams or nightmares about the event.....	0	1	2	3	4
31 Remembers the event and becomes distressed.....	0	1	2	3	4
32 Becomes distressed when reminded of the event.....	0	1	2	3	4
33 Suddenly behaves as if he/she is reliving the bad experience.....	0	1	2	3	4
34 Shows bodily signs of fear (e.g., sweating, shaking or racing heart) when reminded of the event	0	1	2	3	4

SPENCE CHILDREN'S ANXIETY SCALE

Your Name: Date: _____

PLEASE PUT A CIRCLE AROUND THE WORD THAT SHOWS HOW OFTEN EACH OF THESE THINGS HAPPEN TO YOU. THERE ARE NO RIGHT OR WRONG ANSWERS.

1.	I worry about things.....	Never	Sometimes	Often	Always
2.	I am scared of the dark.....	Never	Sometimes	Often	Always
3.	When I have a problem, I get a funny feeling in my stomach.....	Never	Sometimes	Often	Always
4.	I feel afraid.....	Never	Sometimes	Often	Always
5.	I would feel afraid of being on my own at home.....	Never	Sometimes	Often	Always
6.	I feel scared when I have to take a test.....	Never	Sometimes	Often	Always
7.	I feel afraid if I have to use public toilets or bathrooms.....	Never	Sometimes	Often	Always
8.	I worry about being away from my parents.....	Never	Sometimes	Often	Always
9.	I feel afraid that I will make a fool of myself in front of people.....	Never	Sometimes	Often	Always
10.	I worry that I will do badly at my school work.....	Never	Sometimes	Often	Always
11.	I am popular amongst other kids my own age.....	Never	Sometimes	Often	Always
12.	I worry that something awful will happen to someone in my family.....	Never	Sometimes	Often	Always
13.	I suddenly feel as if I can't breathe when there is no reason for this....	Never	Sometimes	Often	Always
14.	I have to keep checking that I have done things right (like the switch is off, or the door is locked).....	Never	Sometimes	Often	Always
15.	I feel scared if I have to sleep on my own.....	Never	Sometimes	Often	Always
16.	I have trouble going to school in the mornings because I feel nervous or afraid.....	Never	Sometimes	Often	Always
17.	I am good at sports.....	Never	Sometimes	Often	Always
18.	I am scared of dogs.....	Never	Sometimes	Often	Always
19.	I can't seem to get bad or silly thoughts out of my head.....	Never	Sometimes	Often	Always
20.	When I have a problem, my heart beats really fast.....	Never	Sometimes	Often	Always
21.	I suddenly start to tremble or shake when there is no reason for this...	Never	Sometimes	Often	Always
22.	I worry that something bad will happen to me.....	Never	Sometimes	Often	Always
23.	I am scared of going to the doctors or dentists.....	Never	Sometimes	Often	Always
24.	When I have a problem, I feel shaky.....	Never	Sometimes	Often	Always
25.	I am scared of being in high places or lifts (elevators).....	Never	Sometimes	Often	Always

26.	I am a good person.....	Never	Sometimes	Often	Always
27.	I have to think of special thoughts to stop bad things from happening (like numbers or words).....	Never	Sometimes	Often	Always
28.	I feel scared if I have to travel in the car, or on a Bus or a train.....	Never	Sometimes	Often	Always
29.	I worry what other people think of me.....	Never	Sometimes	Often	Always
30.	I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds).....	Never	Sometimes	Often	Always
31.	I feel happy.....	Never	Sometimes	Often	Always
32.	All of a sudden I feel really scared for no reason at all.....	Never	Sometimes	Often	Always
33.	I am scared of insects or spiders.....	Never	Sometimes	Often	Always
34.	I suddenly become dizzy or faint when there is no reason for this.....	Never	Sometimes	Often	Always
35.	I feel afraid if I have to talk in front of my class.....	Never	Sometimes	Often	Always
36.	My heart suddenly starts to beat too quickly for no reason.....	Never	Sometimes	Often	Always
37.	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of.....	Never	Sometimes	Often	Always
38.	I like myself.....	Never	Sometimes	Often	Always
39.	I am afraid of being in small closed places, like tunnels or small rooms.	Never	Sometimes	Often	Always
40.	I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order).....	Never	Sometimes	Often	Always
41.	I get bothered by bad or silly thoughts or pictures in my mind.....	Never	Sometimes	Often	Always
42.	I have to do some things in just the right way to stop bad things happening.....	Never	Sometimes	Often	Always
43.	I am proud of my school work.....	Never	Sometimes	Often	Always
44.	I would feel scared if I had to stay away from home overnight.....	Never	Sometimes	Often	Always
45.	Is there something else that you are really afraid of?.....	YES	NO		
	Please write down what it is _____				

	How often are you afraid of this thing?.....	Never	Sometimes	Often	Always

SPENCE CHILDREN'S ANXIETY SCALE (Parent Report)

Your Name:

Date: _____

Your Child's Name:

BELOW IS A LIST OF ITEMS THAT DESCRIBE CHILDREN. FOR EACH ITEM PLEASE CIRCLE THE RESPONSE THAT BEST DESCRIBES YOUR CHILD. PLEASE ANSWER ALL THE ITEMS.

	Never	Sometimes	Often	Always
1. My child worries about things.....				
2. My child is scared of the dark.....				
3. When my child has a problem, s(he) complains of having a funny feeling in his / her stomach				
4. My child complains of feeling afraid.....				
5. My child would feel afraid of being on his/her own at home.....				
6. My child is scared when s(he) has to take a test.....				
7. My child is afraid when (s)he has to use public toilets or bathrooms.....				
8. My child worries about being away from us / me.....				
9. My child feels afraid that (s)he will make a fool of him/herself in front of people.....				
10. My child worries that (s)he will do badly at school.....				
11. My child worries that something awful will happen to someone in our family.....				
12. My child complains of suddenly feeling as if (s)he can't breathe when there is no reason for this.....				
13. My child has to keep checking that (s)he has done things right (like the switch is off, or the door is locked)..				
14. My child is scared if (s)he has to sleep on his/her own.....				
15. My child has trouble going to school in the mornings because (s)he feels nervous or afraid.....				
16. My child is scared of dogs				
17. My child can't seem to get bad or silly thoughts out of his / her head.....				
18. When my child has a problem, s(he) complains of his/her heart beating really fast.....				

19. My child suddenly starts to tremble or shake when there is no reason for this.....	Never	Sometimes	Often	Always
20. My child worries that something bad will happen to him/her.....	Never	Sometimes	Often	Always
21. My child is scared of going to the doctor or dentist	Never	Sometimes	Often	Always
22. When my child has a problem, (s)he feels shaky.....	Never	Sometimes	Often	Always
23. My child is scared of heights (eg. being at the top of a cliff).....	Never	Sometimes	Often	Always
24. My child has to think special thoughts (like numbers or words) to stop bad things from happening.....	Never	Sometimes	Often	Always
25. My child feels scared if (s)he has to travel in the car, or on a bus or train	Never	Sometimes	Often	Always
26. My child worries what other people think of him/her.....	Never	Sometimes	Often	Always
27. My child is afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds).....	Never	Sometimes	Often	Always
28. All of a sudden my child feels really scared for no reason at all.....	Never	Sometimes	Often	Always
29. My child is scared of insects or spiders.....	Never	Sometimes	Often	Always
30. My child complains of suddenly becoming dizzy or faint when there is no reason for this.....	Never	Sometimes	Often	Always
31. My child feels afraid when (s)he has to talk in front of the class.....	Never	Sometimes	Often	Always
32. My child's complains of his / her heart suddenly starting to beat too quickly for no reason	Never	Sometimes	Often	Always
33. My child worries that (s)he will suddenly get a scared feeling when there is nothing to be afraid of.....	Never	Sometimes	Often	Always
34. My child is afraid of being in small closed places, like tunnels or small rooms.....	Never	Sometimes	Often	Always
35. My child has to do some things over and over again (like washing his / her hands, cleaning or putting things in a certain order).....	Never	Sometimes	Often	Always
36. My child gets bothered by bad or silly thoughts or pictures in his/her head	Never	Sometimes	Often	Always
37. My child has to do certain things in just the right way to stop bad things from happening	Never	Sometimes	Often	Always
38. My child would feel scared if (s)he had to stay away from home overnight.....	Never	Sometimes	Often	Always
39. Is there anything else that your child is really afraid of?	YES	NO		
Please write down what it is, and fill out how often (s)he is afraid of this thing: _____	Never	Sometimes	Often	Always
_____	Never	Sometimes	Often	Always
_____	Never	Sometimes	Often	Always

PRESCHOOL ANXIETY SCALE (Teacher Report)

Teacher's Name: Date: _____

Child's Name:

Below is a list of items that describe children. For each item please circle the response that best describes the child. Please circle the 4 if the item is very often true, 3 if the item is quite often true, 2 if the item is sometimes true, 1 if the item is seldom true or if it is not true at all circle the 0. Please answer all the items as well as you can. There are no right or wrong answers.

	Not True at All	Seldom True	Sometimes True	Quite Often True	Very Often True
1. Repeatedly asks about parent(s) during the day	0	1	2	3	4
2. Has difficulty stopping him/herself from worrying.....	0	1	2	3	4
3. Keeps checking that he/she has done things right..... (e.g., that he/she closed a door, turned off a tap)	0	1	2	3	4
4. Complains of headaches or stomachaches when it is time to be dropped off at preschool/school.....	0	1	2	3	4
5. Is tense, restless or irritable due to worrying.....	0	1	2	3	4
6. Is scared to ask an adult for help (e.g., a preschool or school teacher).....	0	1	2	3	4
7. Is scared of heights (high places).....	0	1	2	3	4
8. Washes his/her hands over and over many times each day....	0	1	2	3	4
9. Is afraid of meeting or talking to unfamiliar people.....	0	1	2	3	4
10. Worries that something bad will happen to his/her parents.....	0	1	2	3	4
11. Spends a large part of each day worrying about various things	0	1	2	3	4
12. Is afraid of talking in front of the class (preschool group) e.g., show and tell.....	0	1	2	3	4
13. Worries that something bad might happen to him/her (e.g. getting lost or kidnapped), so he/she won't be able to see his/her parents again	0	1	2	3	4
14. Has to have things in exactly the right order or position to stop bad things from happening.....	0	1	2	3	4
15. Worries that he/she will do something embarrassing in front of other people.....	0	1	2	3	4

	Not True at All	Seldom True	Sometimes True	Quite Often True	Very Often True
16. Is afraid of insects and/or spiders.....	0	1	2	3	4
17. Has bad or silly thoughts or images that keep coming back over and over.....	0	1	2	3	4
18. Becomes distressed when he/she is dropped off at preschool/school	0	1	2	3	4
19. Is afraid to go up to group of children and join their activities	0	1	2	3	4
20. Has to keep thinking special thoughts (e.g., numbers or words) to stop bad things from happening.....	0	1	2	3	4
21. Asks for reassurance when it doesn't seem necessary.....	0	1	2	3	4
22. Cries for parent whilst at preschool/school	0	1	2	3	4

Spence Children's Anxiety Scale

The **Spence Children's Anxiety Scale (SCAS)** is a psychological questionnaire designed to identify symptoms of various anxiety disorders, specifically social phobia, obsessive-compulsive disorder, panic disorder/agoraphobia, and other forms of anxiety, in children and adolescents between ages 8 and 15. Developed by Susan H. Spence and available in various languages, the 45 question test can be filled out by the child or by the parent. There is also another 34 question version of the test specialized for children in preschool between ages 2.5 and 6.5. Any form of the test takes approximately 5 to 10 minutes to complete.

Scoring and interpretation

Each question on the test addresses the frequency of certain anxiety symptoms, measured on a 0-3 scale from "never," "sometimes," "often," to "always."

Domain breakdown

A maximum score of 114 is possible on the child and parent-reported SCAS, and there are six subscales calculated within the final score. The following 38 questions correspond to the following disorders:

- **Separation anxiety:** 5, 8, 12, 15, 16, 44
- **Social phobia:** 6, 7, 9, 10, 29, 35
- **Obsessive-compulsive disorder:** 14, 19, 27, 40, 41, 42
- **Panic disorder/agoraphobia:** 13, 21, 28, 30, 32, 34, 36, 37, 39
- **Personal injury fears:** 2, 18, 23, 25, 33
- **Generalized anxiety:** 1, 3, 4, 20, 22, 24

Questions 11, 17, 26, 31, 38, 39, and 43 are filler questions that do not factor in the final or subscale scores.

Although the parent-reported and preschool SCAS have the same subscales as the child-reported SCAS, different questions correspond to different subscales. For the parent SCAS:

- **Separation anxiety:** 5, 8, 11, 14, 15, 38
- **Social phobia:** 6, 7, 9, 10, 26, 31
- **Obsessive-compulsive disorder:** 13, 17, 24, 35, 36, 37
- **Panic disorder/agoraphobia:** 12, 19, 25, 27, 28, 30, 32, 33, 34
- **Personal injury fears:** 2, 16, 21, 23, 29
- **Generalized anxiety:** 1, 3, 4, 18, 20, 22

The preschool SCAS has a maximum score of 112, with the following items:

- **Separation anxiety:** 6, 12, 16, 22, 25
- **Social anxiety:** 2, 5, 11, 15, 19, 23

- **Obsessive-compulsive disorder:** 3, 9, 18, 21, 27
- **Personal injury fears:** 7, 10, 13, 17, 20, 24, 26
- **Generalized anxiety:** 1, 4, 8, 14, 28

Question 29 is not factored in the final or subscale scores.

Interpretation of subscale scores

The total score on the SCAS is interpreted in different ways depending on the child's age and gender. On the child-reported SCAS for boys and girls ages 8-11, a total score of 40 and above or 50 and above is classified as elevated levels of anxiety, respectively. For boys and girls ages 12-15, a total score of 33 and above or 39 and above is classified as elevated, respectively.

On the parent-reported SCAS for boys and girls ages 6-11, a total score of 31.4 and above or 33 and above suggests an anxiety disorder, respectively. For boys and girls ages 12-18, a total score of 30.1 and above or 32.2 and above suggests an anxiety disorder, respectively.

On the preschool SCAS, a score of 34 and above is classified as elevated levels of anxiety.