

## 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.**

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

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