

Parent Rated Anxiety Scale-ASD

Date: __/__/____ Name (or ID): _____ Sex: Male Female Grade: _____

Ethnicity: African-American Asian Caucasian Hispanic Other (Specify _____)

Completed by: Mother Father Other (Specify _____)

Instructions: Circle the number that describes your child's worries and anxiety-related behaviors over the past two weeks. **None**= not present; **Mild**= Present sometimes, not a real problem; **Moderate** = Often present and a problem; **Severe** = Very frequent and a major problem.

		None	Mild	Moderate	Severe
1	Has difficulty sleeping due to fears or worries	0	1	2	3
2	Uneasy in new situations	0	1	2	3
3	Overly fearful of weather events (e.g., storms, hurricanes or tornados)	0	1	2	3
4	Uncomfortable in social situations	0	1	2	3
5	Gets stuck on what might go wrong	0	1	2	3
6	Consistently avoids certain situations due to anxiety	0	1	2	3
7	On the look-out for any change in routine	0	1	2	3
8	Needs a lot of reassurance that things will work out	0	1	2	3
9	Anxious about upcoming events	0	1	2	3
10	Is fearful when separated from parents	0	1	2	3
11	Is extremely tense or unable to relax	0	1	2	3
12	Complains about heart pounding	0	1	2	3
13	Worries about sticking out or being noticed by others	0	1	2	3
14	Nervous about being late or getting off schedule	0	1	2	3
15	Shuts down when anxious	0	1	2	3
16	Gets upset by loud noises (e.g., public address systems, trains, vacuum cleaners, fire alarms, sirens, loud toilets)	0	1	2	3
17	Gets upset when things are not perfect	0	1	2	3
18	Hyperventilates when anxious or afraid	0	1	2	3
19	Asks the same questions over and over for reassurance	0	1	2	3
20	Is overly self-critical	0	1	2	3
21	Paces or does other repetitive behaviors when tense or worried	0	1	2	3
22	Has difficulty controlling worries	0	1	2	3
23	Complains about physical problems	0	1	2	3
24	Over-reacts when things do not go as planned	0	1	2	3
25	Fears being alone	0	1	2	3

Total: []