

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	Seidom 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 (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