



Spence Children's Anxiety Scale - Parent (SCAS-Parent)

Instructions:

Below is a list of items that describe children. For each item please tap the response that best describes your child. Please answer all the items.

		Never	Sometime	Often	Always
1	My child worries about things	0	1	2	3
2	My child is scared of the dark	0	1	2	3
3	When my child has a problem, s(he) complains of having a funny feeling in his / her stomach	0	1	2	3
4	My child complains of feeling afraid	0	1	2	3
5	My child would feel afraid of being on his/her own at home	0	1	2	3
6	My child is scared when s(he) has to take a test	0	1	2	3
7	My child is afraid when (s)he has to use public toilets or bathrooms	0	1	2	3
8	My child worries about being away from us / me	0	1	2	3
9	My child feels afraid that (s)he will make a fool of him/herself in front of people	0	1	2	3
10	My child worries that (s)he will do badly at school	0	1	2	3
11	My child worries that something awful will happen to someone in our family	0	1	2	3
12	My child complains of suddenly feeling as if (s)he can't breathe when there is no reason for this	0	1	2	3
13	My child has to keep checking that (s)he has done things right (like the switch is off, or the door is locked)	0	1	2	3
14	My child is scared if (s)he has to sleep on his/her own	0	1	2	3
15	My child has trouble going to school in the mornings because (s)he feels nervous or afraid	0	1	2	3
16	My child is scared of dogs	0	1	2	3



		Never	Sometime	Often	Always
17	My child can't seem to get bad or silly thoughts out of his / her head	0	1	2	3
18	When my child has a problem, s(he) complains of his/her heart beating really fast	0	1	2	3
19	My child suddenly starts to tremble or shake when there is no reason for this	0	1	2	3
20	My child worries that something bad will happen to him/her	0	1	2	3
21	My child is scared of going to the doctor or dentist	0	1	2	3
22	When my child has a problem, (s)he feels shaky	0	1	2	3
23	My child is scared of heights (eg. being at the top of a cliff)	0	1	2	3
24	My child has to think special thoughts (like numbers or words)to stop bad things from happening	0	1	2	3
25	My child feels scared if (s)he has to travel in the car, or on a bus or train	0	1	2	3
26	My child worries what other people think of him/her	0	1	2	3
27	My child is afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)	0	1	2	3
28	All of a sudden my child feels really scared for no reason at all	0	1	2	3
29	My child is scared of insects or spiders	0	1	2	3
30	My child complains of suddenly becoming dizzy or faint when there is no reason for this	0	1	2	3
31	My child feels afraid when (s)he has to talk in front of the class	0	1	2	3
32	My child's complains of his / her heart suddenly starting to beat too quickly for no reason	0	1	2	3
33	My child worries that (s)he will suddenly get a scared feeling when there is nothing to be afraid of	0	1	2	3
34	My child is afraid of being in small closed places, like tunnels or small rooms	0	1	2	3
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)	0	1	2	3
36	My child gets bothered by bad or silly thoughts or pictures in his/her head	0	1	2	3



	Never	Sometime	Often	Always
37	0	1	2	3
38	0	1	2	3
39	Is there anything else that your child is really afraid of?			

Developer Reference:

Nauta, Scholing, Rapee, Abbott, Spence and Waters. (2004). A parent report measure of children's anxiety. Behaviour Research and Therapy. 42 (7), 813-839.

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