



**Pediatric & Adolescent
Medicine**

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**SPENCE CHILDREN'S
ANXIETY SCALE
(Parent Report)**

Your Name: _____ Today's Date _____

Child's Name: _____ DOB: _____

BELOW IS A LIST OF ITEMS THAT DESCRIBES 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, he/she complains of having a funny feeling in his/her stomach..... | Never | Sometimes | Often | Always |
| 4. My child complains of being 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 he/she has to take a test..... | Never | Sometimes | Often | Always |
| 7. My child is afraid when he/she 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 he/she will make a fool of him/herself in front of people..... | Never | Sometimes | Often | Always |
| 10. My child worries that he/she 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 he/she can't breathe when there is no reason to..... | Never | Sometimes | Often | Always |
| 13. My child has to keep checking that he/she has done things right (ie. Like the switch is off, door is locked)..... | Never | Sometimes | Often | Always |
| 14. My child is scared if he/she has to sleep on his/her own..... | Never | Sometimes | Often | Always |
| 15. My child has trouble going to school in the mornings because he/she 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, he/she 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 to.....	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 he/she feels shaky.....	Never	Sometimes	Often	Always
23. My child is scared of heights.....	Never	Sometimes	Often	Always
24. My child has to think special thoughts to stop bad things from happening.....	Never	Sometimes	Often	Always
25. My child feels scared if he/she has to travel in the car, 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.....	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 and spiders.....	Never	Sometimes	Often	Always
30. My child complains of his/her heart suddenly starting to beat too quickly for no reason.....	Never	Sometimes	Often	Always
31. My child feels afraid when he/she 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 he/she 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 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 my bad things from happening.....	Never	Sometimes	Often	Always
38. My child would feel scared if he/she 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 he/she is afraid of things: _____	Never	Sometimes	Often	Always
_____	Never	Sometimes	Often	Always
_____	Never	Sometimes	Often	Always

Additional Comments: