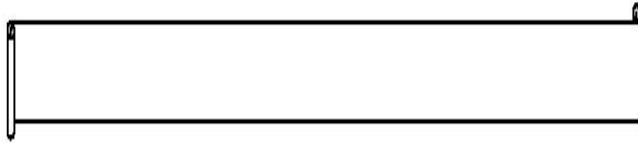


# SPENCE CHILDREN'S ANXIETY SCALE

**Your Name:**  **DATE:**

1. I WORRY ABOUT THINGS.....
2. AM SCARED OF THE DARK.....
3. WHEN I HAVE A PROBLEM, I GET A FUNNY FEELING IN MY STOMACH.....
4. I FEEL AFRAID.....
5. I WOULD FEEL AFRAID OF BEING ON MY OWN AT HOME.....
6. I FEEL SCARED WHEN I HAVE TO TAKE A TEST.....
7. I FEEL AFRAID IF I HAVE TO USE PUBLIC TOILETS OR BATHROOMS.....
8. I WORRY ABOUT BEING AWAY FROM MY PARENTS.....
9. I FEEL AFRAID THAT I WILL MAKE A FOOL OF MYSELF IN FRONT OF PEOPLE.....
10. I WORRY THAT I WILL DO BADLY AT MY SCHOOL WORK.....
11. I AM POPULAR AMONGST OTHER KIDS MY OWN AGE.....
12. I WORRY THAT SOMETHING AWFUL WILL HAPPEN TO SOMEONE IN MY FAMILY.....
13. I SUDDENLY FEEL AS IF I CAN'T BREATHE WHEN THERE IS NO REASON FOR THIS.....
14. I HAVE TO KEEP CHECKING THAT I HAVE DONE THINGS RIGHT (LIKE THE SWITCH  
IS OFF, OR THE DOOR IS LOCKED).....
15. I FEEL SCARED IF I HAVE TO SLEEP ON MY OWN.....
16. I HAVE TROUBLE GOING TO SCHOOL IN THE MORNINGS BECAUSE I FEEL NERVOUS  
OR AFRAID.....
17. I AM GOOD AT SPORTS.....
18. I AM SCARED OF DOGS.....
19. I CAN'T SEEM TO GET BAD OR SILLY THOUGHTS OUT OF MY HEAD.....
20. WHEN I HAVE A PROBLEM, MY HEART BEATS REALLY FAST.....
21. I SUDDENLY START TO TREMBLE OR SHAKE WHEN THERE IS NO REASON FOR THIS.....
22. I WORRY THAT SOMETHING BAD WILL HAPPEN TO ME.....

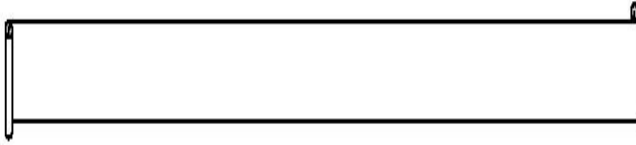
# SPENCE CHILDREN'S ANXIETY SCALE



**DATE:**

- 23. I AM SCARED OF GOING TO THE DOCTORS OR DENTISTS.....
- 24. WHEN I HAVE A PROBLEM, I FEEL SHAKY.....
- 25. I AM SCARED OF BEING IN HIGH PLACES OR LIFTS (ELEVATOR).....
- 26. I AM A GOOD PERSON.....
- 27. I HAVE TO THINK OF SPECIAL THOUGHTS TO STOP BAD THINGS FROM HAPPENING  
(LIKE NUMBERS OR WORDS).....
- 28. I FEEL SCARED IF I HAVE TO TRAVEL IN THE CAR, OR ON A BUS OR A TRAIN.....
- 29. I WORRY WHAT OTHER PEOPLE THINK OF ME.....
- 30. I AM AFRAID OF BEING IN CROWDED PLACES (LIKE SHOPPING CENTRES, THE  
MOVIES, BUSES, BUSY PLAYGROUNDS).....
- 31. I FEEL HAPPY.....
- 32. ALL OF A SUDDEN I FEEL REALLY SCARED FOR NO REASON AT ALL.....
- 33. I AM SCARED OF INSECTS OR SPIDERS.....
- 34. I SUDDENLY BECOME DIZZY OR FAINT WHEN THERE IS NO REASON FOR THIS.....
- 35. I FEEL AFRAID IF I HAVE TO TALK IN FRONT OF MY CLASS.....
- 36. MY HEART SUDDENLY STARTS TO BEAT TOO QUICKLY FOR NO REASON.....
- 37. I WORRY THAT I WILL SUDDENLY GET A SCARED FEELING WHEN THERE IS NOTHING  
TO BE AFRAID OF.....
- 38. I LIKE MYSELF.....
- 39. I AM AFRAID OF BEING IN SMALL CLOSED PLACES, LIKE TUNNELS OR SMALL ROOMS.....
- 40. I HAVE TO DO SOME THINGS OVER AND OVER AGAIN (LIKE WASHING MY HANDS,  
CLEANING OR PUTTING THINGS IN A CERTAIN ORDER).....
- 41. I GET BOTHERED BY BAD OR SILLY THOUGHTS OR PICTURES IN MY MIND.....

# SPENCE CHILDREN'S ANXIETY SCALE



**DATE:**

- 42. I HAVE TO DO SOME THINGS IN JUST THE RIGHT WAY TO STOP BAD THINGS  
HAPPENING.....
- 43. I AM PROUD OF MY SCHOOL WORK.....
- 44. I WOULD FEEL SCARED IF I HAD TO STAY AWAY FROM HOME OVERNIGHT.....
- 45. Is there something else that you are really afraid of? .....
- 46. PLEASE WRITE DOWN WHAT IT IS:

HOW OFTEN ARE YOU AFRAID OF THIS THING?

# SPENCE CHILDREN'S ANXIETY SCALE

CLIENT'S NAME:

DATE:

## SCORE RESULTS

PANIC ATTACK AND AGORAPHOBIA: .....

SEPARATION ANXIETY: .....

PHYSICAL INJURY FEARS: .....

SOCIAL PHOBIA: .....

OBSESSIVE COMPULSIVE: .....

GENERALIZED ANXIETY DISORDER: .....

TOTAL SCAS SCORE: .....