

## Spence Children's Anxiety Scale – Child Report - Brief Version (SCAS-C-8)

Your name:

Date:

**PLEASE PUT A CIRCLE AROUND THE WORD THAT SHOWS HOW OFTEN EACH OF THESE THINGS HAPPEN TO YOU. THERE ARE NO RIGHT OR WRONG ANSWERS.**

1. I worry about things	Never	Sometimes	Often	Always
2. I feel afraid	Never	Sometimes	Often	Always
3. I worry about being away from my parents	Never	Sometimes	Often	Always
4. I feel scared if I have to sleep on my own	Never	Sometimes	Often	Always
5. I have trouble going to school in the mornings because I feel nervous or afraid	Never	Sometimes	Often	Always
6. I suddenly start to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
7. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always
8. I would feel scared if I had to stay away from home overnight	Never	Sometimes	Often	Always