



MIRACLE Counseling

Spence Children's Anxiety Scale (SCAS)

Patient Name _____ DOB _____ Female
Provider Name _____ Date _____ Male Other

The Spence Children's Anxiety Scale (SCAS) was developed by [Dr. Susan H. Spence, PhD](#). You can learn more about the test from the [official homepage](#).

Click on the circle that shows how often each of these things happen to you.

There are no right or wrong answers.

	Never	Sometimes	Often	Always
1. I worry about things.				
2. I 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 schoolwork.				
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.				
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 elevators (lifts).				
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 centers, 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.				
42. I have to do some things in just the right way to stop bad things happening.				
43. I am proud of my schoolwork.				
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? How often are you afraid of this thing?				



MIRACLE Counseling

NOTES: