

Preschool Anxiety Scale

Your name: _____ Date: _____

Your child's name: _____

Below is a list of items that describe children. For each item, please select the response that best describes your child.

Items	0 Not true at all	1 Seldom true	2 Sometimes true	3 Quite often true	4 Very often true
1. Has difficulty stopping him/herself from worrying					
2. Worries that he/she will do something to look stupid in front of other people					
3. Keeps checking that he/she has done things right (e.g., that he/she closed a door, turned off a tap)					
4. Is tense, restless or irritable due to worrying					
5. Is scared to ask an adult for help (e.g., a preschool or school teacher)					
6. Is reluctant to go to sleep without you or to sleep away from home					
7. Is scared of heights (high places)					
8. Has trouble sleeping due to worrying					
9. Washes his/her hands over and over many times each day					
10. Is afraid of crowded or closed-in places					
11. Is afraid of meeting or talking to unfamiliar people					
12. Worries that something bad will happen to his/her parents					

Items	0 Not true at all	1 Seldom true	2 Sometimes true	3 Quite often true	4 Very often true
13. Is scared of thunder storms					
14. Spends a large part of each day worrying about various things					
15. Is afraid of talking in front of the class (preschool group) e.g., show and tell					
16. Worries that something bad might happen to him/her (e.g., getting lost or kidnapped), so he/she won't be able to see you again					
17. Is nervous of going swimming					
18. Has to have things in exactly the right order or position to stop bad things from happening					
19. Worries that he/she will do something embarrassing in front of other people					
20. Is afraid of insects and/or spiders					
21. Has bad or silly thoughts or images that keep coming back over and over					
22. Becomes distressed about your leaving him/her at preschool/ school or with a babysitter					
23. Is afraid to go up to group of children and join their activities					
24. Is frightened of dogs					
25. Has nightmares about being apart from you					
26. Is afraid of the dark					

Items	0 Not true at all	1 Seldom true	2 Sometimes true	3 Quite often true	4 Very often true
27. Has to keep thinking special thoughts (e.g., numbers or words) to stop bad things from happening					
28. Asks for reassurance when it doesn't seem necessary					
29. Has your child ever experienced anything really bad or traumatic (e.g., severe accident, death of a family member/friend, assault, robbery, disaster)					
Yes			No		
Please briefly describe the event that your child experienced.					
Do the following statements describe your child's behavior since the event?					
30. Has bad dreams or nightmares about the event					
31. Remembers the event and becomes distressed					
32. Becomes distressed when reminded of the event					
33. Suddenly behaves as if he/she is reliving the bad experience					
34. Shows bodily signs of fear (e.g., sweating, shaking or racing heart) when reminded of the event					

FOR CLINICIANS USE ONLY

Scoring	
Total score:	
Subscale scores	
Obsessive-compulsive disorder:	Social anxiety:
Separation anxiety:	Physical injury fears:
Generalized anxiety:	

Scoring and interpretation

Total score

The scoring system for this assessment's responses is as follows:

- Not true at all = 0
- Seldom true = 1
- Sometimes true = 2
- Quite often true = 3
- Very often true = 4

This results in a maximum possible score of **112**.

Question 29 is an open-ended item related to the child's experience of a traumatic event and is not included in the scoring. Following Question 29, there are 5 items related to the child's post-traumatic stress reactions. These items are for clinical interest only and do not contribute to the score.

Subscale scores

The sub-scale scores are computed by adding the individual item scores on the set of items as follows:

- **Obsessive-compulsive disorder:** Sum of items (3 + 9 + 18 + 21 + 27)
- **Social anxiety:** Sum of items (2 + 5 + 11 + 15 + 19 + 23)
- **Separation anxiety:** Sum of items (6 + 12 + 16 + 22 + 25)
- **Physical injury fears:** Sum of items (7 + 10 + 13 + 17 + 20 + 24 + 26)
- **Generalized anxiety:** Sum of items (1 + 4 + 8 + 14 + 28)

The total score and subscale scores can indicate the severity of anxiety symptoms. Elevated scores may suggest a need for further assessment or intervention.