



Client Information

<i>Client Name</i>	Emily Example
<i>Date of birth (age)</i>	17 April 2010 (10)

Assessment Information

<i>Assessment</i>	Spence Children's Anxiety Scale - Child (SCAS-Child)
<i>Date administered</i>	7 May 2020
<i>Assessor</i>	Dr Test Account NovoPsych
<i>Time taken</i>	4 minutes 16 seconds

Results

	Raw Score	Percentile
Total	39	67.5
Separation Anxiety	10	90.1
Social Phobia	7	61.9
Obsessive Compulsive	4	37
Panic/Agoraphobia	7	76.6
Physical Injury	5	73.9
Generalised Anxiety	6	51.6

Interpretive Text

<p>This child scored as being in the clinically significant range for: Separation anxiety</p> <p>This child scored below the clinical range for: Total anxiety Social phobia Obsessive compulsive Panic attack and agorpahobia Physical injury fears Generalised anxiety disorder</p>

Scoring and Interpretation Information

<p>Scores consist of a total raw score (range from 0 to 114) and six sub-scale scores, with higher scores indicating greater severity of anxiety symptoms. These scores are also converted into percentiles based on age and gender from normative samples reported on www.scaswebsite.com. A percentile score more than 84 for any subscale score or the total SCAS score indicates clinically significant anxiety symptoms.</p> <p>Sub-scales are computed by summing the following items: Separation anxiety 5, 8, 12, 15, 16, 44 Social phobia 6, 7, 9, 10, 29, 35 Obsessive compulsive 14, 19, 27, 40, 41, 42 Panic/agoraphobia 13, 21, 28, 30, 32, 34, 36, 37,</p>



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Scoring and Interpretation Information (cont.)

39
 Physical Injury 2, 18, 23, 25, 33
 Generalised anxiety 1, 3, 4, 20, 22, 24

Items that are not scored in either the total score or the sub-scale scores are:
 11, 17, 26, 31, 38, 43, 45 and 46. They are not scored because they did not meet sufficient psychometric requirements.

Client Responses

		Never	Sometimes	Often	Always
1	I worry about things	0	1	2	3
2	I am scared of the dark	0	1	2	3
3	When I have a problem, I get a funny feeling in my stomach	0	1	2	3
4	I feel afraid	0	1	2	3
5	I would feel afraid of being on my own at home	0	1	2	3
6	I feel scared when I have to take a test	0	1	2	3
7	I feel afraid if I have to use public toilets or bathrooms	0	1	2	3
8	I worry about being away from my parents	0	1	2	3
9	I feel afraid that I will make a fool of myself in front of people	0	1	2	3
10	I worry that I will do badly at my school work	0	1	2	3
11	I am popular amongst other kids my own age	0	1	2	3
12	I worry that something awful will happen to someone in my family	0	1	2	3
13	I suddenly feel as if I can't breathe when there is no reason for this	0	1	2	3
14	I have to keep checking that I have done things right (like the switch is off, or the door is locked)	0	1	2	3
15	I feel scared if I have to sleep on my own	0	1	2	3



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Client Responses (cont.)

		Never	Sometimes	Often	Always
16	I have trouble going to school in the mornings because I feel nervous or afraid	0	1	2	3
17	I am good at sports	0	1	2	3
18	I am scared of dogs	0	1	2	3
19	I can't seem to get bad or silly thoughts out of my head	0	1	2	3
20	When I have a problem, my heart beats really fast	0	1	2	3
21	I suddenly start to tremble or shake when there is no reason for this	0	1	2	3
22	I worry that something bad will happen to me	0	1	2	3
23	I am scared of going to the doctors or dentists	0	1	2	3
24	When I have a problem, I feel shaky	0	1	2	3
25	I am scared of being in high places or lifts (elevators)	0	1	2	3
26	I am a good person	0	1	2	3
27	I have to think of special thoughts to stop bad things from happening (like numbers or words)	0	1	2	3
28	I feel scared if I have to travel in the car, or on a Bus or a train	0	1	2	3
29	I worry what other people think of me	0	1	2	3
30	I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)	0	1	2	3
31	I feel happy	0	1	2	3
32	All of a sudden I feel really scared for no reason at all	0	1	2	3
33	I am scared of insects or spiders	0	1	2	3
34	I suddenly become dizzy or faint when there is no reason for this	0	1	2	3



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Client Responses (cont.)

		Never	Sometimes	Often	Always
35	I feel afraid if I have to talk in front of my class	0	1	2	3
36	My heart suddenly starts to beat too quickly for no reason	0	1	2	3
37	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	0	1	2	3
38	I like myself	0	1	2	3
39	I am afraid of being in small closed places, like tunnels or small rooms	0	1	2	3
40	I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	0	1	2	3
41	I get bothered by bad or silly thoughts or pictures in my mind	0	1	2	3
42	I have to do some things in just the right way to stop bad things happening	0	1	2	3
43	I am proud of my school work	0	1	2	3
44	I would feel scared if I had to stay away from home overnight	0	1	2	3
45	Is there something else that you are really afraid of?				
	0 Yes				
	0 No				
46	If you are afraid of something else please write down what it is. How often are you afraid of this thing?				
	Not Completed				