



Client Information

<i>Client Name</i>	Test 1234
<i>Date of birth (age)</i>	28 January 2010 (11)

Assessment Information

<i>Assessment</i>	Spence Children's Anxiety Scale - Child (SCAS-Child)
<i>Date administered</i>	25 May 2021
<i>Assessor</i>	Dr Ben Buchanan'
<i>Time taken</i>	0 minutes 54 seconds

Results

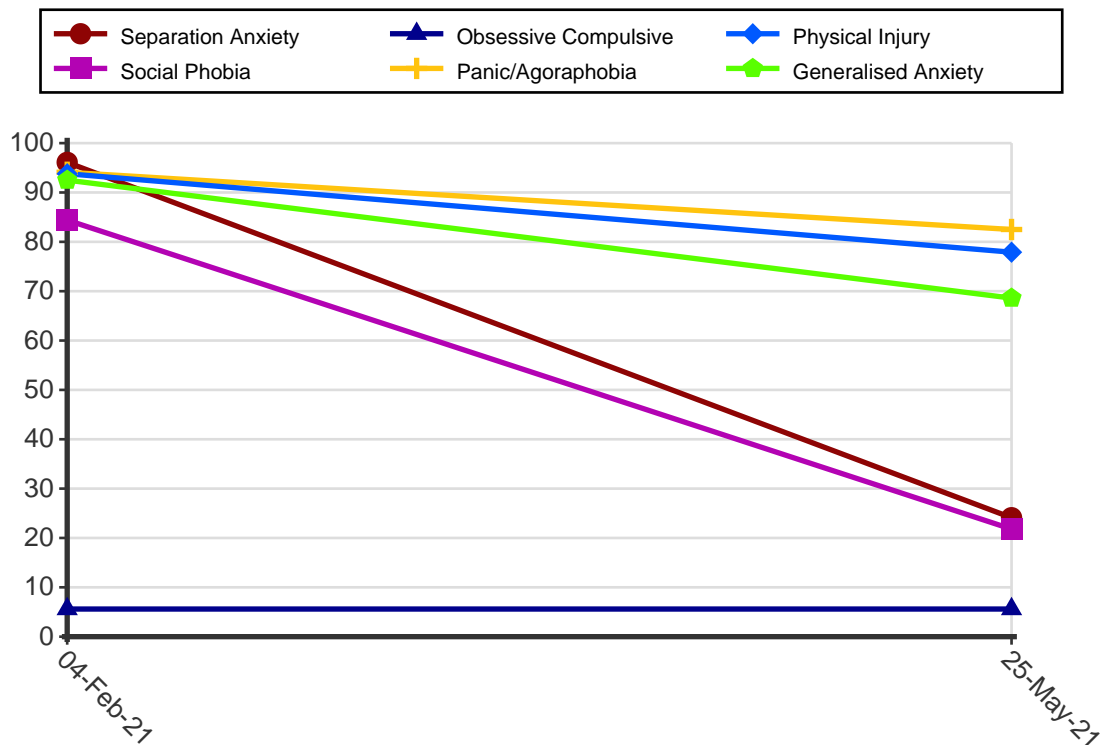
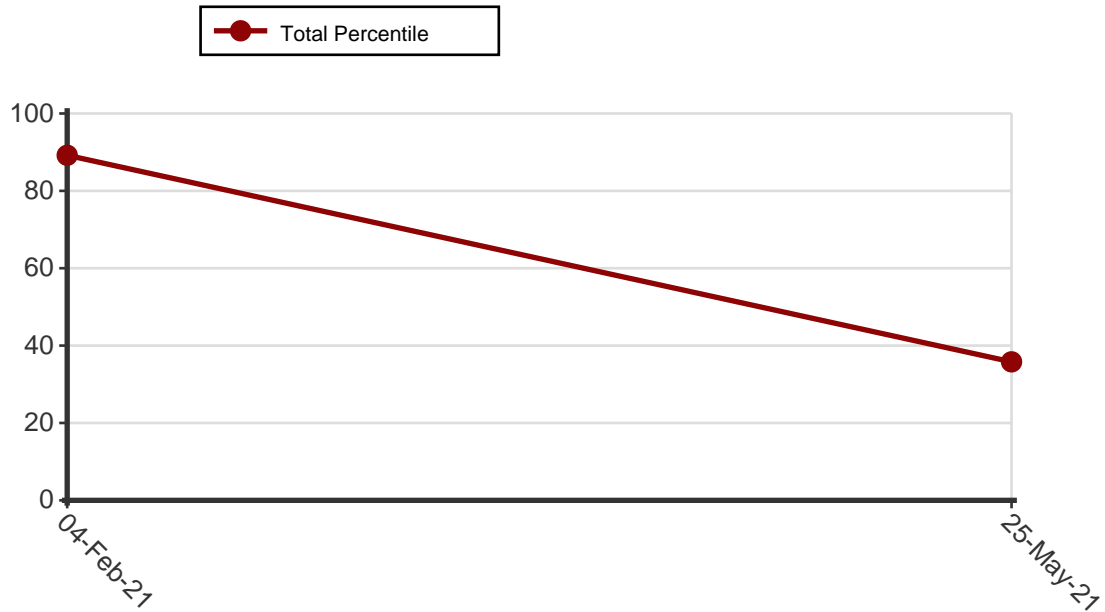
	Raw Score	Percentile
Total	19	35.8
Separation Anxiety	1	24.1
Social Phobia	2	21.8
Obsessive Compulsive	0	5.6
Panic/Agoraphobia	6	82.5
Physical Injury	4	77.9
Generalised Anxiety	6	68.6

Interpretive Text

<p>Question 46 was not completed.</p> <p>This child scored as being in the clinically significant range for: No sub-scales</p> <p>This child scored below the clinical range for: Total anxiety Separation anxiety Social phobia Obsessive compulsive Panic attack and agorpahobia Physical injury fears Generalised anxiety disorder</p>



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Scoring and Interpretation Information

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



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Scoring and Interpretation Information (cont.)

www.scaswebsite.com. A percentile score more than 84 for any subscale score or the total SCAS score indicates clinically significant anxiety symptoms.

Sub-scales are computed by summing the following items:

- Separation anxiety (items 5, 8, 12, 15, 16, 44)
- Social phobia (items 6, 7, 9, 10, 29, 35)
- Obsessive compulsive (items 14, 19, 27, 40, 41, 42)
- Panic/agoraphobia (items 13, 21, 28, 30, 32, 34, 36, 37, 39)
- Physical Injury (items 2, 18, 23, 25, 33)
- Generalised anxiety (items 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.

If the scale is administered on multiple occasions a graph is produced to track symptoms over time.

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



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Client Responses (cont.)

		Never	Sometimes	Often	Always
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
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



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Client Responses (cont.)

		Never	Sometimes	Often	Always
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
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					