



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 - Parent (SCAS-Parent)
<i>Date administered</i>	25 May 2021
<i>Assessor</i>	Dr Ben Buchanan'
<i>Time taken</i>	0 minutes 41 seconds

Results

	Raw Score	Percentiles compared to Anxiety Disordered Children	Percentiles Compared to Normal Population Children
Total	22	23.3	69.8
Panic/Agoraphobia	7	92.1	99.9
Separation Anxiety	5	29.1	67.6
Physical Injury Fears	3	30.9	47.2
Social Phobia	5	26.1	59.2
Obsessive Compulsive	0	14.2	24
Generalised Anxiety	2	6	33.4

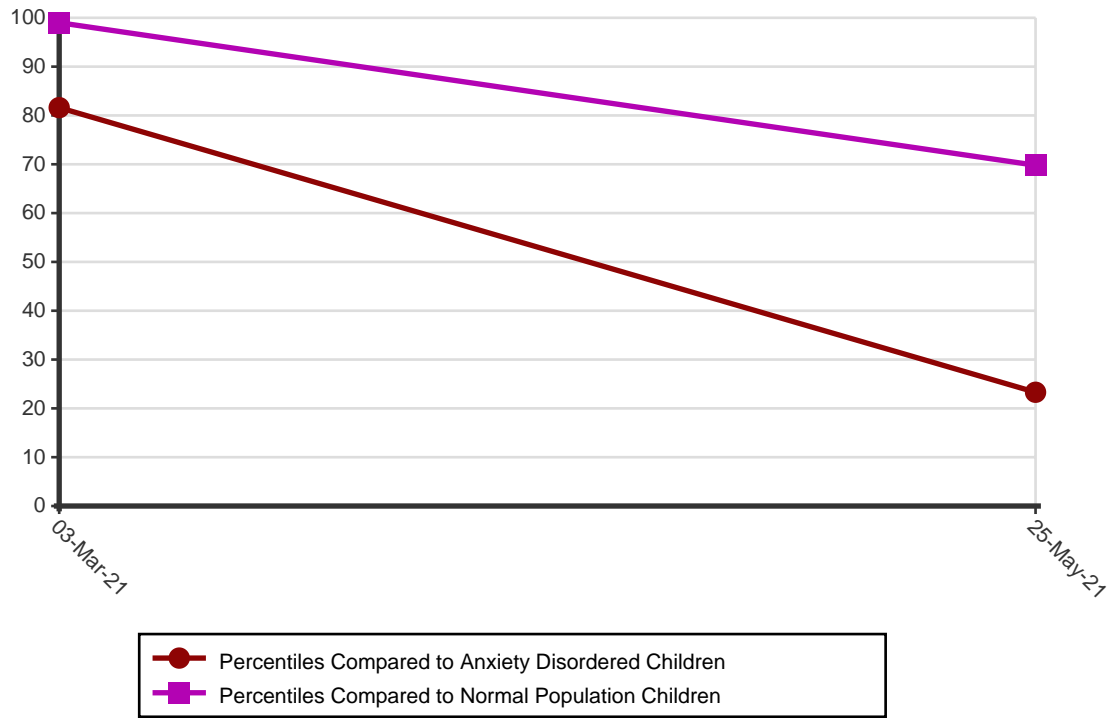
Interpretive Text

<p>Question 39 was not completed.</p> <p>This child scored as being in the clinically significant range for: Panic attack and agoraphobia</p> <p>This child scored below the clinical range for: Total anxiety Separation anxiety Social phobia Obsessive compulsive Physical injury fears Generalised anxiety disorder</p>

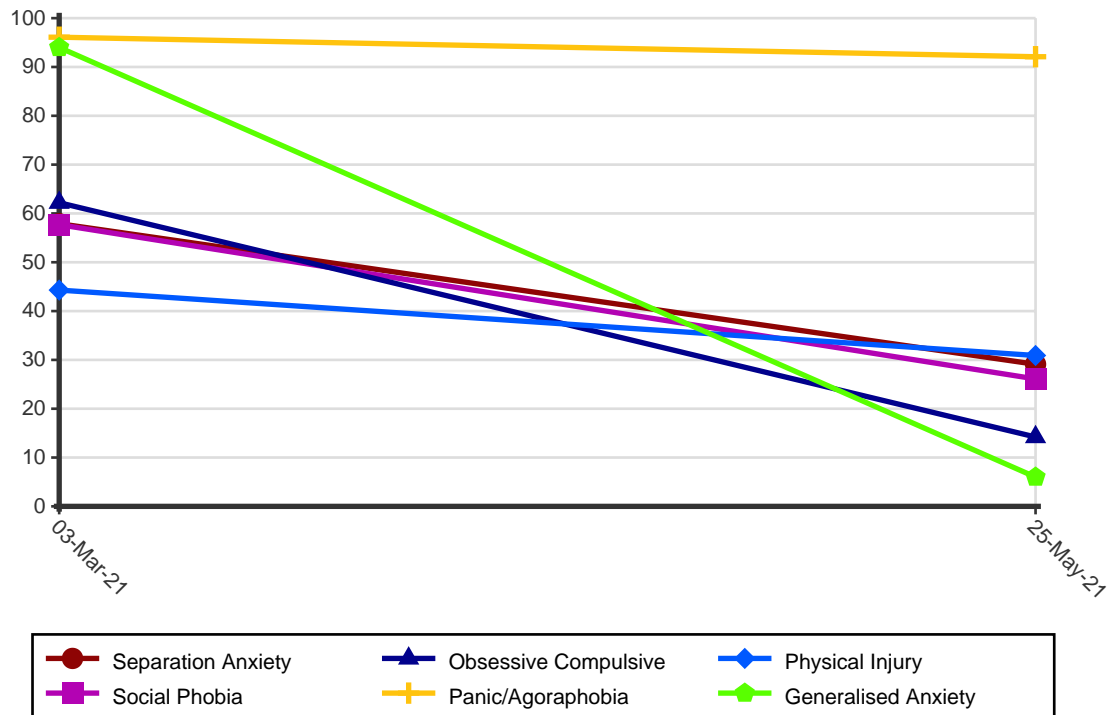


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Total Percentiles



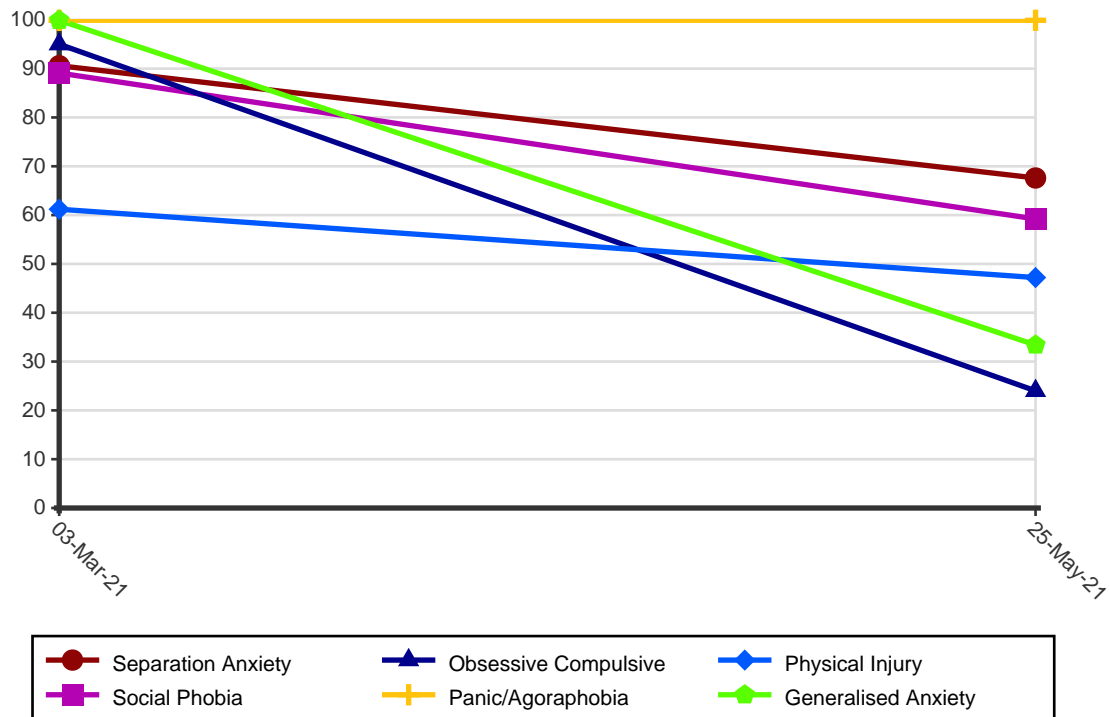
Percentiles Compared to Anxiety Disordered Children





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Percentiles Compared to Normal Population Children



Scoring and Interpretation Information

Scores consist of a total raw score (between 0 and 114) and six subscale scores. Results are also converted to percentile ranks based on an Anxiety Disordered Children sample and a Normal Population Children sample, based on the child's gender and age (Nauta et al., 2004).

- Panic attack and agoraphobia (items 12,19,25,27,28,30,32,33,34)
- Separation anxiety (items 5,8,11,14,15,38)
- Physical injury fears (items 2,16,21,23,29)
- Social phobia (items 6,7,9,10,26,31)
- Obsessive compulsive (items 13,17,24,35,36,37)
- Generalized anxiety disorder (items 1,3,4,18,20,22)

Any scores more than the 84th percentile (1 standard deviation from the normal population mean) are considered to be clinically significant.

Client Responses

		Never	Sometime	Often	Always
1	My child worries about things	0	1	2	3



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Client Responses (cont.)

		Never	Sometime	Often	Always
2	My child is scared of the dark	0	1	2	3
3	When my child has a problem, s(he) complains of having a funny feeling in his / her stomach	0	1	2	3
4	My child complains of feeling afraid	0	1	2	3
5	My child would feel afraid of being on his/her own at home	0	1	2	3
6	My child is scared when s(he) has to take a test	0	1	2	3
7	My child is afraid when (s)he has to use public toilets or bathrooms	0	1	2	3
8	My child worries about being away from us / me	0	1	2	3
9	My child feels afraid that (s)he will make a fool of him/herself in front of people	0	1	2	3
10	My child worries that (s)he will do badly at school	0	1	2	3
11	My child worries that something awful will happen to someone in our family	0	1	2	3
12	My child complains of suddenly feeling as if (s)he can't breathe when there is no reason for this	0	1	2	3
13	My child has to keep checking that (s)he has done things right (like the switch is off, or the door is locked)	0	1	2	3
14	My child is scared if (s)he has to sleep on his/her own	0	1	2	3
15	My child has trouble going to school in the mornings because (s)he feels nervous or afraid	0	1	2	3
16	My child is scared of dogs	0	1	2	3
17	My child can't seem to get bad or silly thoughts out of his / her head	0	1	2	3
18	When my child has a problem, s(he) complains of his/her heart beating really fast	0	1	2	3
19	My child suddenly starts to tremble or shake when there is no reason for this	0	1	2	3
20	My child worries that something bad will happen to him/her	0	1	2	3



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Client Responses (cont.)

		Never	Sometime	Often	Always
21	My child is scared of going to the doctor or dentist	0	1	2	3
22	When my child has a problem, (s)he feels shaky	0	1	2	3
23	My child is scared of heights (eg. being at the top of a cliff)	0	1	2	3
24	My child has to think special thoughts (like numbers or words) to stop bad things from happening	0	1	2	3
25	My child feels scared if (s)he has to travel in the car, or on a bus or train	0	1	2	3
26	My child worries what other people think of him/her	0	1	2	3
27	My child is afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)	0	1	2	3
28	All of a sudden my child feels really scared for no reason at all	0	1	2	3
29	My child is scared of insects or spiders	0	1	2	3
30	My child complains of suddenly becoming dizzy or faint when there is no reason for this	0	1	2	3
31	My child feels afraid when (s)he has to talk in front of the class	0	1	2	3
32	My child's complains of his / her heart suddenly starting to beat too quickly for no reason	0	1	2	3
33	My child worries that (s)he will suddenly get a scared feeling when there is nothing to be afraid of	0	1	2	3
34	My child is afraid of being in small closed places, like tunnels or small rooms	0	1	2	3
35	My child has to do some things over and over again (like washing his / her hands, cleaning or putting things in a certain order)	0	1	2	3
36	My child gets bothered by bad or silly thoughts or pictures in his/her head	0	1	2	3
37	My child has to do certain things in just the right way to stop bad things from happening	0	1	2	3
38	My child would feel scared if (s)he had to stay away from home overnight	0	1	2	3
39	Is there anything else that your child is really afraid of?	Not Completed			