

Spence Children's Anxiety Scale (Parent Report)

Your Name: _____ Date: _____

Your Child's Name: _____

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

	Never	Sometimes	Often	Always
1. My child feels nervous around strangers	☐	☐	☐	☐
2. My child is afraid of loud noises	☐	☐	☐	☐
3. My child fears getting lost or separated from me	☐	☐	☐	☐
4. My child has nightmares about scary things	☐	☐	☐	☐
5. My child gets scared during thunderstorms	☐	☐	☐	☐
6. My child fears something bad happening to family	☐	☐	☐	☐
7. My child gets nervous about going to school	☐	☐	☐	☐
8. My child is afraid of failing or making mistakes	☐	☐	☐	☐

9. My child worries about getting hurt or being sick	☐	☐	☐	☐
10. My child fears being alone or without a caregiver	☐	☐	☐	☐
11. My child avoids activities or places due to fear	☐	☐	☐	☐
12. My child has fears or phobias that seem excessive	☐	☐	☐	☐
13. My child feels compelled to perform rituals or routines	☐	☐	☐	☐
14. My child experiences sudden, intense episodes of fear	☐	☐	☐	☐
15. My child has persistent, excessive worries	☐	☐	☐	☐
16. My child struggles with social interactions due to anxiety	☐	☐	☐	☐
17. My child feels overwhelmed by day-to-day challenges	☐	☐	☐	☐
18. My child has physical symptoms linked to anxiety	☐	☐	☐	☐

19. My child needs reassurance about fears and worries	☐	☐	☐	☐
20. My child avoids new experiences due to fear	☐	☐	☐	☐
21. My child has difficulty expressing feelings and emotions	☐	☐	☐	☐
22. My child requires specific support or accommodations due to anxiety	☐	☐	☐	☐

Is there anything else you would like to share about your child’s anxiety or fears? Please write below:

Notes: