

### Client Information

<i>Client Name</i>	New Client
<i>Date of birth (age)</i>	1 January 2011 (9)

### Assessment Information

<i>Assessment</i>	Spence Children's Anxiety Scale - Child (SCAS-Child)
<i>Date administered</i>	5 October 2020
<i>Assessor</i>	Mr Demo Account
<i>Time taken</i>	2 minutes 23 seconds

### Results

	Raw Score	Percentile
Total	44	88.4
Separation Anxiety	6	81.8
Social Phobia	7	79.1
Obsessive Compulsive	7	72.3
Panic/Agoraphobia	11	95.2
Physical Injury	6	90.8
Generalised Anxiety	7	75.9

### Interpretive Text

<p>Question 46 was not completed.</p> <p>This child scored as being in the clinically significant range for:          Total anxiety          Panic attack and agoraphobia          Physical injury fears</p> <p>This child scored below the clinical range for:          Separation anxiety          Social phobia          Obsessive compulsive          Generalised anxiety disorder</p>
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### 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 <a href="http://www.scaswebsite.com">www.scaswebsite.com</a>. 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,</p>
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### Scoring and Interpretation Information (cont.)

35  
 Obsessive compulsive 14, 19, 27, 40, 41, 42  
 Panic/agoraphobia 13, 21, 28, 30, 32, 34, 36, 37, 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

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### Client Responses (cont.)

		Never	Sometimes	Often	Always
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
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

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<b>Client Responses (cont.)</b>		Never	Sometimes	Often	Always
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				
	<b>0 No</b>				
46	If you are afraid of something else please write down what it is. How often are you afraid of this thing?				
	Not Completed				