

Preschool Anxiety Scale

PRESCHOOL ANXIETY SCALE

Your name: _____ Your child's name: _____

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

1. Has difficulty stopping him/herself from worrying

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

2. Worries that he/she will do something to look stupid in front of other people

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

3. Keeps checking that he/she has done things right (e.g., that he/she closed a door, turned off a tap)

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

4. Is tense, restless or irritable due to worrying

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

5. Is scared to ask an adult for help (e.g., a preschool or school teacher)

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

6. Is reluctant to go to sleep without you or to sleep away from home

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

7. Is scared of heights (high places)

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

8. Has trouble sleeping due to worrying

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

9. Washes his/her hands over and over many times each day

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

10. Is afraid of crowded or closed-in places

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

11. Is afraid of meeting or talking to unfamiliar people

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

12. Worries that something bad will happen to his/her parents

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

13. Is scared of thunder storms

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

14. Spends a large part of each day worrying about various things

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

15. Is afraid of talking in front of the class (preschool group) e.g., show and tell

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

16. Worries that something bad might happen to him/her (e.g., getting lost or kidnapped), so he/she won't be able to see you again

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

17. Is nervous of going swimming

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

18. Has to have things in exactly the right order or position to stop bad things from happening

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

19. Worries that he/she will do something embarrassing in front of other people

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

20. Is afraid of insects and/or spiders

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

21. Has bad or silly thoughts or images that keep coming back over

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

22. Becomes distressed about your leaving him/her at preschool/school or with a babysitter

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

23. Is afraid to go up to group of children and join their activities

- ☐ Not true at all
☐ Seldom true
☐ Sometimes true
☐ Quite often true
☐ Very often true

24. Is frightened of dogs

- ☐ Not true at all
☐ Seldom true
☐ Sometimes true
☐ Quite often true
☐ Very often true

25. Has nightmares about being apart from you

- ☐ Not true at all
☐ Seldom true
☐ Sometimes true
☐ Quite often true
☐ Very often true

26. Is afraid of the dark

- ☐ Not true at all
☐ Seldom true
☐ Sometimes true
☐ Quite often true
☐ Very often true

27. Has to keep thinking special thoughts (e.g., numbers or words) to stop bad things from happening

- ☐ Not true at all
☐ Seldom true
☐ Sometimes true
☐ Quite often true
☐ Very often true

28. Asks for reassurance when it doesn't seem necessary

- ☐ Not true at all
☐ Seldom true
☐ Sometimes true
☐ Quite often true
☐ Very often true

29. Has your child ever experienced anything really bad or traumatic (e.g., severe accident, death of a family member/friend, assault, robbery, disaster)

- ☐ Yes ☐ No

Please briefly describe the event that your child experienced.

If you answered NO to question 29, please answer questions 30-34. If you answered YES, please DO answer the following questions.

Do the following statements describe your child's behavior since the event?

30. Has bad dreams or nightmares about the event

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

31. Remembers the event and becomes distressed

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

32. Becomes distressed when reminded of the event

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

33. Suddenly behaves as if he/she is reliving the bad experience

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true

34. Shows bodily signs of fear (e.g., sweating, shaking or racing heart) when reminded of the event

- ☐ Not true at all
- ☐ Seldom true
- ☐ Sometimes true
- ☐ Quite often true
- ☐ Very often true