# Separation Anxiety Test

## SEPARATION ANXIETY TEST

Disclaimer: This Separation Anxiety Test is based on the Adult Separation Anxiety Questionnaire (ASA-27) developed by Manicavasagar, V., Silove, D., Wagner, R., & Drobny, J in 2003.

**Name:** _____ **Gender:** _____

**Age:** _____ **Date of assessment:** _____ dd / mm / yyyy

The following statements refer to symptoms you might have experienced as an adult (over the age of 18 years). Please select the option for each item according to whether you have experienced that symptom.

Have you felt more secure at home when you are with people that are close to you?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you experienced difficulty in staying away from home for several hours at a time?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you been carrying around something in your purse or wallet that gives you a sense of security or comfort?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you experienced extreme stress before leaving home to go on a long trip?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you suffered from nightmares or dreams about being separated from someone close to you?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you experienced extreme stress before leaving someone close to you?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you become very upset when your usual daily routine is disrupted

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you been worried about the intensity of your relationship with those people closest to you, e.g., that you are too strongly attached?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you experienced symptoms such as headaches, stomach-aches, or nausea (or other) before leaving for work or other regular activity outside the home?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Do you find that you talk a lot in order to keep people close to you?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you been especially concerned about where people close to you are going when you are separated from them, e.g., when you leave them to go to work or go out of the house?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you experienced difficulty in sleeping alone at night, e.g., is your sleep better if someone close to you is in the house?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you noticed that you are better able to go off to sleep if you can hear the voices of people you are close to or the sound of the TV or the radio?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you become very distressed when thinking about being away from people that are close to you?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you been worrying a lot about people close to you coming to serious harm, e.g., meeting with a car accident, or suffering from a fatal illness?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you suffered from nightmares or dreams about being away from home?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you become very upset with changes to your usual daily routine if they interfere with your contact with persons close to you?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you been worrying a lot about people you care about leaving you?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you found that you sleep better if the lights are on in the house or in the bedroom?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you tried to avoid being at home alone especially when people close to you are out?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you suffered from sudden bouts of anxiety or panic attacks (e.g., sudden shaking, sweating, shortness of breath, pounding heart) when thinking about leaving people close to you or about them leaving you?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you found that you get anxious if you do not speak to people that are close to you on the telephone regularly, e.g., daily?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you been afraid that you would not be able to cope or could not go on if someone you cared about left you?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you suffered from sudden bouts of anxiety or panic attacks (e.g., sudden shaking, sweating, shortness or breath, pounding heart) when separated from people close to you?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you been worrying a lot about possible events that may separate you from those close to you e.g., because of work requirements?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have people close to you mentioned that you 'talk a lot'?

◯ 0 ◯ 1 ◯ 2 ◯ 3

Have you been worrying that your relationships with some people are so close that it may cause them problems?

◯ 0 ◯ 1 ◯ 2 ◯ 3

**Raw score (0-81):** _____ **Percentile:** _____

**Description:**

ASA-27 results are reported in raw scores ranging from 0-81. Higher scores indicate more severe symptoms of adult separation anxiety. Raw score descriptors are presented using primary (≥22) and high sensitivity cut-offs (≥16): Low or no separation anxiety (0–15): Exhibits few symptoms, aligning closely with normal adult functioning. Some separation anxiety (16–21): Shows mild to moderate signs of separation anxiety. This range is very sensitive, capturing almost all genuine cases of ASAD, but it may also include some false positives. Probable adult separation anxiety disorder (≥22): Suggests severe and widespread symptoms of separation anxiety, characterized by avoidance behaviors, dependency, excessive concern for the safety of attachment figures, and challenges in functioning independently. Percentiles are also provided to allow comparison of the respondent's score to a community sample, where a percentile of 50 represents the average psychological distress of a member of the general population.

**Name:** _____ **License ID:** _____

Signature:

Date of assessment: _____ dd / mm / yyyy