

Anxiety Scale for Children – Autism Spectrum Disorder – Child version (ASC-ASD)[©]

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Name/ID: _____

Date: _____

Age: _____

Please put a circle around the word that shows how often each of these things happen to you. There are no right, or wrong answers.

1. All of a sudden I feel really scared for no reason at all	Never	Sometimes	Often	Always
2. I worry what other people think of me	Never	Sometimes	Often	Always
3. My heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
4. I feel scared when I have to take a test in case I make a mistake	Never	Sometimes	Often	Always
5. I worry people will bump into me or touch me in busy or crowded environments	Never	Sometimes	Often	Always
6. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds) in case I am separated from my family	Never	Sometimes	Often	Always
7. I worry that I will do badly at my school work	Never	Sometimes	Often	Always

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Developed with the generous support of The Baily Thomas Fund
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8. I suddenly feel as if I can't breathe when there is no reason for this	Never	Sometimes	Often	Always
9. I am afraid of new things, or new people or new places	Never	Sometimes	Often	Always
10. I am afraid of entering a room full of people	Never	Sometimes	Often	Always
11. I worry when I go to bed at night because I don't like to be away from my parents/ family	Never	Sometimes	Often	Always
12. When I have a problem I feel shaky	Never	Sometimes	Often	Always
13. I suddenly start to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
14. When I don't know what will happen, I can't do things	Never	Sometimes	Often	Always
15. I worry when I think I have done poorly at something	Never	Sometimes	Often	Always
16. I always need to be prepared before things happen	Never	Sometimes	Often	Always
17. I feel afraid that I will make a fool of myself in front of people	Never	Sometimes	Often	Always
18. I worry about being away from my parents	Never	Sometimes	Often	Always
19. I worry that something awful will happen to someone in my family	Never	Sometimes	Often	Always
20. I would feel scared if I had to stay away from home overnight because I like to be close to my parents/ family	Never	Sometimes	Often	Always

21. I worry about being in places that are too loud, or too bright or too busy	Never	Sometimes	Often	Always
22. I suddenly become dizzy or faint when there is no reason for this	Never	Sometimes	Often	Always
23. I worry if I don't know what will happen e.g. if plans change	Never	Sometimes	Often	Always
24. I worry that something bad will happen to me	Never	Sometimes	Often	Always