

Separation Anxiety Test

Name:	
Gender:	Age:
Date of Birth:	Date of Assessment:

Instructions: The following questions ask about thoughts, feelings, and behaviors that you may have had about being separated from home or from people who are important to you. Please rate how often the following statements are true for you. Please respond to each item by marking or choosing one box per row.

- 0 = Never**
1 = Occasionally
2 = Half of the time
3 = Most of the time
4 = All of the time

In the past 4 weeks, I have...	0	1	2	3	4
1. Felt moments of sudden terror, fear or fright when separated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Felt anxious, worried, or nervous about being separated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have had thoughts of bad things happening to me when separated from them (e.g. getting lost, accidents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Felt a racing heart, sweaty, trouble breathing, faint, or shaky when separated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping when separated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoided going places where I would be separated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. When separated, left places early to go home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Spent a lot of time preparing for how to deal with separation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Distracted myself to avoid thinking about being separated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Needed help to cope with separation (e.g. alcohol or medication, superstitious objects).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total/Partial Raw Score:					
Prorated Total Raw Score (if 1-2 items left unanswered):					
Average Total Score:					

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=Never; 1=Occasionally; 2=Half of the time; 3=Most of the time, and 4=All of the time). The total score can range from 0 to 40, with higher scores indicating greater severity of separation anxiety disorder. The clinician is asked to review the score of each item on the measure during the clinical interview.

In addition, the clinician is asked to calculate and use the average total score. The average total score reduces the overall score to a 5-point scale, which allows the clinician to think of the severity of the individual's separation anxiety disorder in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4).

Note:

If 3 or more items are left unanswered, the total score on the measure should not be calculated. Therefore, the individual receiving care should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score.

Reference: Craske, M., Wittchen, U., Bogels, S., Stein, M., Andrews, G., & Lebeu, R. (2013). Severity measure for separation anxiety disorder—Adult. American Psychiatric Association.