

**SEPARATION ANXIETY SYMPTOMS
ASSESSMENT QUESTIONNAIRE –
RCADS-SAD**

**Version for children and adolescents
aged 8 to 17 years old**

Patient's last name		File number	
Patient's first name			
Health insurance number		Exp.	Year Month
Date of birth	Year Month Day	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address (no., street)		<input type="checkbox"/> X	
City		Postal Code	

School Grade *	
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* 3rd grade of elementary school to 1st year of Cegep or college

► **How often do each of these things happen to you?**

1. Answer each item based on the last month or the period of time since your last appointment.
2. Use the scale at the top of the table.
3. Answer each item by checking the box that represents your situation the best.

Items	Never	Sometimes	Often	Always
	0	1	2	3
1. I would feel afraid of being on my own at home.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. I worry about being away from my parents.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. I feel scared if I have to sleep on my own.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. I have trouble going to school in the mornings because I feel nervous or afraid.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. I worry when I go to bed at night.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. I would feel scared if I had to stay away from home overnight.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Revised Children's Anxiety and Depression Scale – Separation Anxiety Disorder Subscale - RCADS-SAD © 2003 Bruce F. Chorpita

Questionnaire completed by:	Date :
Signature	Year Month Day

Patient's last name	Patient's first name	File number
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Section reserved for the practitioner

Total raw score.....

Total number of items x

Number of answered items (≥ 5)* /

Adjusted score =

Score T ** =

Is the T score greater than the clinical cut-off value of 65? Yes No

Practitioner's analysis and commentary:

* If 3 or more answers are missing, the score of the subscale cannot be used.

** For children and adolescents aged 8 to 17 years old, use the conversion table to identify the T score of the subscale according to the patient's sex, school grade and adjusted raw score. Only the raw score can be used for patients aged 18 years and over.

Questionnaire reviewed by:				Date:		
Practitioner's last name	Practitioner's first name	Licence number	Signature	Year	Month	Day