

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

**Version for parents or caregivers of children and
adolescents aged 3 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
Address (no., street)		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
City		Postal Code	

Caregiver	Last name	First name
School Grade *		

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

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

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

Items	Never	Sometimes	Often	Always
	0	1	2	3
1. My child feels afraid of being alone at home.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. My child worries about being away from me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. My child feels scared to sleep on his (her) own.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. My child has trouble going to school in the mornings because of feeling nervous or afraid.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. My child is 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. My child worries when in bed at night.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. My child would feel scared if he (she) 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 – Parent version – Separation Anxiety Disorder Subscale RCADS-P-SAD ©
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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 parents of 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 and school grade, in addition to the parent's raw score. Only the raw score can be used for children aged between 3 to 7 years old and patients aged 18 years and over.

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