

PSCAI

Please use the rating scale on the right to indicate the extent to which you feel the statements on the left apply to you.

	Very little	A little	Some	Much	Very Much
1. It is distressing for me when my child appears nervous.	0	1	2	3	4
2. When my child shakes or appears nervous, I fear what people might think of her/him.	0	1	2	3	4
3. When my child complains about having pain in her/his chest, I worry that she/he may be having a heart attack.	0	1	2	3	4
4. I worry that other people will notice my child's anxiety.	0	1	2	3	4
5. It scares me when my child is flushed.	0	1	2	3	4
6. When my child complains about aches and pains, I worry there is something terribly wrong with her/him.	0	1	2	3	4
7. When my child sweats in a social situation, I fear people will think negatively of her/him.	0	1	2	3	4
8. When I notice my child is sweaty, I worry that there is something seriously wrong with her/him.	0	1	2	3	4
9. It scares me when my child appears to be afraid.	0	1	2	3	4
10. When my child has to do something she/he is afraid of, I feel distressed.	0	1	2	3	4
11. When my child is out of breath, I get scared that something is really wrong with her/him.	0	1	2	3	4

The Parent Sensitivity to Child Anxiety Index Scoring Sheet

Physical Concerns Subscore (sum the scores of items 3, 5, 6, 8, & 11)	
Social Concerns Subscore (sum the scores of items 2, 4, & 7)	
Fear of Anxiety Subscore (sum the scores of items 1, 9, & 10)	
Total Score (sum the scores of all items)	