

Family Accommodation Scale – Anxiety (FASA)

Your name:		Child's name:				
Relationship to child:		Child's age:				
<u>Participation in symptom related behaviors in the past month</u>						
		Never	1-3 times a month	1-2 times a week	3-6 times a week	Daily
1	How often did you reassure your child?	0	1	2	3	4
2	How often did you provide items needed because of anxiety?	0	1	2	3	4
3	How often did you participate in behaviors related to your child's anxiety?	0	1	2	3	4
4	How often did you assist your child in avoiding things that might make him/her more anxious?	0	1	2	3	4
5	Have you avoided doing things, going places or being with people because of your child's anxiety?	0	1	2	3	4
<u>Modification of functioning during the past month</u>						
6	Have you modified your family routine because of your child's symptoms?	0	1	2	3	4
7	Have you had to do things that would usually be your child's responsibility?	0	1	2	3	4
8	Have you modified your work schedule because of your child's anxiety?	0	1	2	3	4
9	Have you modified your leisure activities because of your child's anxiety?	0	1	2	3	4

<u>Distress and Consequences</u>	No	Mild	Moderate	Severe	Extreme
Does helping your child in these ways cause you distress?	0	1	2	3	4
Has your child become distressed when you have not provided assistance? To what degree?	0	1	2	3	4
Has your child become angry/abusive when you have not provided assistance? To what degree?	0	1	2	3	4
Has your child's anxiety been worse when you have not provided assistance? How much worse?	0	1	2	3	4