

APPENDIX A

Family Accommodation Scale–Anxiety

Your name:

Child's name:

Relationship to child:

Child's age:

Participation in symptom related behaviors in the past month

		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

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Addressing Parental Accommodation When Treating Anxiety in Children.

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Modification of functioning during the past month

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

Distress and Consequences

	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