

Family Accommodation Scale - Anxiety (FASA)

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) How often did you provide items needed because of anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) How often did you participate in behaviors related to your child's anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) How often did you assist your child in avoiding things that might make him/her more anxious?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Have you avoided doing things, going places or being with people because of your child's anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Modification of functioning during the past month

	Never	1-3 times a month	1-2 times a week	3-6 times a week	Daily
6) Have you modified your family routine because of your child's symptoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Have you had to do things that would usually be your child's responsibility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Have you modified your work schedule because of your child's anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Have you modified your leisure activities because of your child's anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Distress and Consequences

	No	Mild	Moderate	Severe	Extreme
10) Does helping your child in these ways cause you distress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11)

Has your child become distressed when you have not provided assistance? To what degree?

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12) Has your child become angry/abusive when you have not provided assistance? To what degree?

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13) Has your child's anxiety been worse when you have not provided assistance? How much worse?

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