

Lsascl S1 R1 E1

THRIVE ID

Instructions for completing the LSAS for Clinicians:

In addition to collecting child and parent ratings on the LSAS, clinicians also must make ratings on the LSAS. Clinician ratings should be the higher of the parent and child ratings.

For example, if parent rating on item 1 = 3 for Fear and 3 for Avoidance and child rating on item 1 = 2 for Fear and 2 for Avoidance, the clinician rating would be 3 for Fear and 3 for Avoidance. These procedures will be followed unless there is reason to question the accuracy of the higher rating.

If there is reason to question the accuracy, the clinician should go with the lower rating. In the unlikely event there is reason to question the accuracy of both informants, the clinician may assign a different rating.

1. Talking on the phone to classmates or other people.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override? ☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override? ☐ No
☐ Yes

2. Participating in a small group activity in class.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override? ☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override? ☐ No
☐ Yes

3. Eating in front of others (e.g., school cafeteria, restaurant).

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes
4. Asking an adult that your child doesn't know well for help (e.g., store clerk, principal, police officer).

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes
5. Giving an oral report or presentation in class.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes
6. Going to parties, social gatherings, or other after-school social activities.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Override?	<input type="radio"/> No <input type="radio"/> Yes			

7. Writing on the board in front of the class.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Override?	<input type="radio"/> No <input type="radio"/> Yes			

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Override?	<input type="radio"/> No <input type="radio"/> Yes			

8. Talking to other kids that your child doesn't know well.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Override?	<input type="radio"/> No <input type="radio"/> Yes			

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Override?	<input type="radio"/> No <input type="radio"/> Yes			

9. Starting a conversation with people your child doesn't know well.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Override?	<input type="radio"/> No <input type="radio"/> Yes			

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Override?	<input type="radio"/> No <input type="radio"/> Yes			

10. Using school or public bathrooms.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes
11. Going into a classroom or another place (e.g., church, cafeteria) when other people are already there.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes
12. Being the center of attention (e.g., child's birthday party).

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes
13. Asking questions in class.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override? ☐ No
☐ Yes

14. Answering questions in class.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override? ☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override? ☐ No
☐ Yes

15. Reading out loud in class.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override? ☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override? ☐ No
☐ Yes

16. Taking tests.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override? ☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override? ☐ No
☐ Yes

17. Saying "no" when people ask your child to do things he/she doesn't want to do (e.g., to borrow something or to look at homework).

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Override?

☐ No
☐ Yes

18. Your child telling people that he/she doesn't agree with them or that he/she is mad at them.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Override?

☐ No
☐ Yes

19. Looking at people your child doesn't know well in the eye.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Override?

☐ No
☐ Yes

20. Asking questions in a store (e.g., to exchange something).

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes
21. Playing a sport or performing in front of other people (e.g., school show, musical performance).

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes
22. Joining a club or group.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes
23. Meeting new people.

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Override?

☐ No
☐ Yes

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>				
Override?	<input type="radio"/> No <input type="radio"/> Yes			

24. Asking a teacher permission to leave the classroom (e.g., go to the bathroom or the school nurse).

	None0	Mild1	Moderate2	Severe3
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>				
Override?	<input type="radio"/> No <input type="radio"/> Yes			

	Never0	Occasionally1	Often2	Usually3
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>				
Override?	<input type="radio"/> No <input type="radio"/> Yes			

Score Sums

LSAS-Clinician Fear Sum	<hr/>
<hr/>	
LSAS-Clinician Avoidance Sum	<hr/>
<hr/>	
LSAS-Clinician Total Sum	<hr/>