

## Separation Anxiety Disorder

1. **Are you excessively fearful or anxious about being separated from close loved ones or your home?**

**A S P**  
☒ ☒

Can you tell me more about this? Who are you concerned about being separated from?  
 What are you concerned will happen?

[NOTES:]

2. **Do you experience:**

- ☐ **A lot of distress when you anticipate being separated, or are separated, from a close loved one or from your home?**  
 Have you had trouble coping with big changes in your circumstances such as moving to a new home or city or getting married? Have others noticed or commented on your distress?
- ☐ **Persistent worry that you will lose your close loved one or that they will be harmed (e.g., that they will experience an injury, illness, a disaster, or death and will be separated from you)?**  
 Do you need to know the whereabouts of your close loved one or want to stay in touch with them more than necessary? Do others think that you are overprotective of your family? Does this frustrate your family members?
- ☐ **Persistent worry that something bad will happen to you that will cause you to be separated from your close loved one (e.g., getting into an accident, becoming ill or getting injured, being in a disaster of some sort)?**
- ☐ **Hesitation or refusal to be away from home, go to work or school, or go anywhere else because you are afraid to be separated from your close loved one?**
- ☐ **Fear about being alone without your close loved one (either at home or in other settings)?**
- ☐ **Hesitation or refusal to sleep without being near your close loved one or to sleep away from home without them?**  
 Are you reluctant or unable to travel alone, or sleep at hotels or another person's home without your close loved one? Could you fall asleep on your own if your close loved one were in another room?
- ☐ **Repeated nightmares that involve themes of separation (e.g., losing your family because of a fire, murder, or other catastrophe)?**
- ☐ **Physical symptoms, such as heart palpitations or dizziness, when you anticipate being separated, or are separated, from your close loved one?**

[AT LEAST THREE #2 ITEMS ARE CHECKED]

**A P**  
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3. [THE FEAR, ANXIETY, OR AVOIDANCE HAS PERSISTED, TYPICALLY FOR AT LEAST 6 MONTHS. DURATION MUST BE AT LEAST 4 WEEKS IN THOSE AGED 17 OR YOUNGER. IF NOT KNOWN, ASK:] **A** **P**  
☒ ☐

How long has this been a problem for you?

4. [CLINICALLY SIGNIFICANT DISTRESS AND/OR IMPAIRMENT IS PRESENT. IF NOT KNOWN, ASK:] **A** **S** **P**  
☒ ☒ ☐

Is it very upsetting for you that you have these symptoms, or have the symptoms interfered with your ability to carry out daily activities?

In what ways have they interfered? Have they made it hard for you to work, socialize, go to school, or take care of things at home?

[NOTES:]

5. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY ANOTHER MENTAL DISORDER] **A** **P**  
☒ ☐

DIAGNOSTIC IMPRESSION: **A** **S** **P**  
 SEPARATION ANXIETY DISORDER ☒ ☐ ☐

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER WITH PANIC ATTACKS ☐

[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,  
 SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

6. How old were you when these symptoms first began? \_\_\_\_\_
7. How old were you when these symptoms began to be a problem for you? \_\_\_\_\_
8. On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are you bothered by your symptoms? \_\_\_\_\_