# Family Accommodation Scale - Anxiety (FASA)

# Developed by:

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#### Citing this measure:

LEBOWITZ, E. R., WOOLSTON, J., BAR-HAIM, Y., CALVOCORESSI, L., DAUSER, C., WARNICK, E., SCAHILL, L., CHAKIR, A. R., SHECHNER, T., HERMES, H., VITULANO, L. A., KING, R. A. & LECKMAN, J. F. (2012). Family Accommodation in Pediatric Anxiety Disorders. *Depression and Anxiety, 30*(1), 47-54.

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# Family Accommodation Scale – Anxiety (FASA)

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

Distress and Consequences		Mild	Moderate	Severe	Extreme
Does helping your child in these ways cause you	0	1	2	3	4
distress?					
Has your child become distressed when you have not	0	1	2	3	4
provided assistance? To what degree?					
Has your child become angry/abusive when you have	0	1	2	3	4
not provided assistance? To what degree?					
Has your child's anxiety been worse when you have	0	1	2	3	4
not provided assistance? How much worse?					