

Anxiety Scale for Autism (Adults) - (ASA-A)[©]

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Name/ID: _____

Date: _____

Age: _____

Gender: _____

Please put a circle around the word that shows how often each of these things have happened to you over the past two weeks. There are no right or wrong answers.

1. All of a sudden I feel really scared	Never	Sometimes	Often	Always
2. I worry what other people think of me	Never	Sometimes	Often	Always
3. My heart suddenly starts to beat too quickly	Never	Sometimes	Often	Always
4. I feel anxious in situations where I could make a mistake	Never	Sometimes	Often	Always
5. I worry that I will do badly when I am being assessed (like work, college, interviews)	Never	Sometimes	Often	Always
6. I suddenly feel as if I can't breathe	Never	Sometimes	Often	Always
7. I am anxious about unfamiliar things, people or places	Never	Sometimes	Often	Always
8. When I have a problem, I feel physically shaky	Never	Sometimes	Often	Always
9. I worry about changes to my surroundings or my routine	Never	Sometimes	Often	Always

10. I worry about making mistakes during social interactions	Never	Sometimes	Often	Always
11. When I don't know what will happen, I can't do things	Never	Sometimes	Often	Always
12. I worry when I think I have not done as well as I hoped	Never	Sometimes	Often	Always
13. I need to be prepared before things happen	Never	Sometimes	Often	Always
14. I feel anxious that I will make a fool of myself in front of people	Never	Sometimes	Often	Always
15. I worry that something awful will happen to someone I am familiar with	Never	Sometimes	Often	Always
16. I suddenly start to physically shake or tremble	Never	Sometimes	Often	Always
17. I suddenly become dizzy or faint	Never	Sometimes	Often	Always
18. I worry if I don't know what will happen, e.g. if plans change	Never	Sometimes	Often	Always
19. I worry that something bad will happen to me	Never	Sometimes	Often	Always
20. I suddenly shut down and become unable to think, speak or do things	Never	Sometimes	Often	Always