

# SCI-SAS

## Structured Clinical Interview for Separation Anxiety Symptoms

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The purpose of this interview is to ask you about feelings you may have experienced during your life when you were separated from someone you loved, or when you thought you might be separated. The first set of questions relate to these feelings during childhood, and the second to adulthood.

### Childhood Separation Anxiety

I'd like to begin with questions about feelings you may have had as a child.

How did you feel as a child when you had to be away from your mother or from your home?

*Note: In this question and each question below, if the patient was cared for and felt closest to someone other than mother, substitute this person for "mother."*

1.	<p>Did you ever feel very upset or sad if you were separated from your mother? For example, when she went out, or went on a trip, did you cry, beg her to stay, have a temper tantrum, try to stop her from leaving, or try to follow her? When you were away from home or from your mother did you feel very sad or upset or like you didn't care about anything? Did you want to come home early? Did you often call your mother?</p> <p><i>Criterion: Recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated.</i></p> <p style="text-align: center;"> <input type="checkbox"/> Don't recall              <input type="checkbox"/> Not at all              <input type="checkbox"/> Sometimes              <input type="checkbox"/> Often       </p>
2.	<p>Did you ever worry that something bad would happen to your mother, and you might lose her? (for example, did you worry a lot if she had an illness, or worry that she would be hurt in an accident or some other bad thing would happen)? Did you ever worry that your mother would go away and never come back? Did you ever worry that she would die?</p> <p><i>Criterion: Persistent or excessive worry about losing or possible harm befalling major attachment figure.</i></p> <p style="text-align: center;"> <input type="checkbox"/> Don't recall              <input type="checkbox"/> Not at all              <input type="checkbox"/> Sometimes              <input type="checkbox"/> Often       </p>
3.	<p>Did you ever worry that something bad would happen to you that would separate you from your mother (like getting lost, being kidnapped, have an accident, or even being killed)?</p> <p><i>Criterion: Persistent or excessive worry that an untoward event will lead to separation from a major attachment figure.</i></p> <p style="text-align: center;"> <input type="checkbox"/> Don't recall              <input type="checkbox"/> Not at all              <input type="checkbox"/> Sometimes              <input type="checkbox"/> Often       </p>

4.	<p>Did you have trouble going to school because of fear of leaving home or just wanting to be at home? Did you ever refuse to go to school so you could stay home to be with your mother? Did your parents ever have to make you go to school? Did someone from home need to stay with you when you went to school?</p> <p><i>Criterion: Persistent reluctance or refusal to go to school or elsewhere because of fear of separation.</i></p> <p><input type="checkbox"/> Don't recall      <input type="checkbox"/> Not at all      <input type="checkbox"/> Sometimes      <input type="checkbox"/> Often</p>
5.	<p>Was it very difficult for you to be alone, even alone in a room by yourself? Did you ever follow your mother or other people around at home so you wouldn't need to be alone? Did your mother ever complain because you were too "clingy?"</p> <p><i>Criterion: Persistently and excessively fearful or reluctant to be alone or without significant attachment figures at home or without significant adults in other settings.</i></p> <p><input type="checkbox"/> Don't recall      <input type="checkbox"/> Not at all      <input type="checkbox"/> Sometimes      <input type="checkbox"/> Often</p>
6.	<p>Did you ever feel like you didn't want to go to sleep without your mother near, or like you didn't want to sleep away from home? Did you ever wake up in the middle of the night and go to sleep near your mother or go to check to see if she was OK?</p> <p><i>Criterion: Persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home.</i></p> <p><input type="checkbox"/> Don't recall      <input type="checkbox"/> Not at all      <input type="checkbox"/> Sometimes      <input type="checkbox"/> Often</p>
7.	<p>Did you ever have repeated nightmares about bad things happening that would separate you from your family or your mother (including things like fire, murder or other catastrophe)?</p> <p><i>Criterion: Repeated nightmares involving the theme of separation.</i></p> <p><input type="checkbox"/> Don't recall      <input type="checkbox"/> Not at all      <input type="checkbox"/> Sometimes      <input type="checkbox"/> Often</p>
8.	<p>Did you ever feel physically ill when you had to go to school (for example, have a headache or stomach ache or feel sick to your stomach)? Would you feel better if you stayed home? Did you get physically ill if you were away from home or away from your mother for other reasons? Would you feel better at home?</p> <p><i>Criterion: Repeated complaints of physical symptoms when separation from major attachment figures occurs or is anticipated.</i></p> <p><input type="checkbox"/> Don't recall      <input type="checkbox"/> Not at all      <input type="checkbox"/> Sometimes      <input type="checkbox"/> Often</p>

## Adult Separation Anxiety

Now I would like to ask you about feelings related to separation from loved ones as an adult, and about feelings about being alone, in general.

9.	<p>Did you ever worry that something bad would happen to this person and you might lose him/her (for example, did you worry a lot if you quarreled, if he/she had an illness, that he/she would be hurt in an accident or injured in some other way)? Did you ever worry a lot that he or she would leave you or that he/she would die?</p> <p><i>Criterion: Persistent or excessive worry about losing or possible harm befalling major attachment figure.</i></p> <p style="text-align: center;"> <input type="checkbox"/> Don't recall              <input type="checkbox"/> Not at all              <input type="checkbox"/> Sometimes              <input type="checkbox"/> Often       </p>
10.	<p>Did you ever worry that something bad would happen <i>to you</i> and separate you from this person (like getting lost, being kidnapped, have an accident, or being killed)?</p> <p><i>Criterion: Persistent or excessive worry that an untoward event will lead to separation from a major attachment figure.</i></p> <p style="text-align: center;"> <input type="checkbox"/> Don't recall              <input type="checkbox"/> Not at all              <input type="checkbox"/> Sometimes              <input type="checkbox"/> Often       </p>
11.	<p>Did you have trouble going out because of fear of leaving home or just wanting to be at home? Did you ever stop going out so you could stay home? Did you need to have someone else do out-of-the-house chores? Did someone need to be with you when you went out?</p> <p><i>Criterion: Persistent reluctance or refusal to go out, away from home, because of fear of separation.</i></p> <p style="text-align: center;"> <input type="checkbox"/> Don't recall              <input type="checkbox"/> Not at all              <input type="checkbox"/> Sometimes              <input type="checkbox"/> Often       </p>
12.	<p>Was it very difficult for you to be alone, even alone in a room by yourself? Did you ever follow anyone around so you wouldn't need to be alone? Did anyone ever complain because you were too "clingy," "dependent" or that you were "suffocating" him or her?</p> <p style="text-align: center;"> <input type="checkbox"/> Don't recall              <input type="checkbox"/> Not at all              <input type="checkbox"/> Sometimes              <input type="checkbox"/> Often       </p>
13.	<p>Did you ever feel like you didn't want to go to sleep without a loved one near, or like you didn't want to sleep away from home? Did you ever wake up in the middle of the night and check to see if he/she was OK?</p> <p><i>Criterion: Persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home.</i></p> <p style="text-align: center;"> <input type="checkbox"/> Don't recall              <input type="checkbox"/> Not at all              <input type="checkbox"/> Sometimes              <input type="checkbox"/> Often       </p>

14.	<p>Did you ever have repeated nightmares about things happening that would separate you from your family or from other important persons (including things like fire, murder or other catastrophe)?</p> <p><i>Criterion: Repeated nightmares involving the theme of separation.</i></p> <p><input type="checkbox"/> Don't recall      <input type="checkbox"/> Not at all      <input type="checkbox"/> Sometimes      <input type="checkbox"/> Often</p>
15.	<p>Did you ever feel physically ill when you had to go to out (for example, have a headache or stomach ache or feel sick to your stomach, or have other physical symptoms)? Would you feel better if you stayed home?</p> <p><i>Criterion: Repeated complaints of physical symptoms when separation from major attachment figures occurs or is anticipated.</i></p> <p><input type="checkbox"/> Don't recall      <input type="checkbox"/> Not at all      <input type="checkbox"/> Sometimes      <input type="checkbox"/> Often</p>
16.	<p>Have you ever avoided having a close relationship for fear of losing that person?</p> <p><input type="checkbox"/> Don't recall      <input type="checkbox"/> Not at all      <input type="checkbox"/> Sometimes      <input type="checkbox"/> Often</p>
17.	<p>Have you ever avoided having a close relationship for fear of having anxiety, or worries like the ones we have been talking about, when you are separated from that person?</p> <p><input type="checkbox"/> Don't recall      <input type="checkbox"/> Not at all      <input type="checkbox"/> Sometimes      <input type="checkbox"/> Often</p>