Basic information
The coronavirus anxiety scale (CAS) is a self-report mental health screener of dysfunctional anxiety associated with the coronavirus crisis. Because a significant number of people experience clinically significant fear and anxiety during an infectious disease outbreak, the CAS was developed to help clinicians and researchers efficiently identify cases of individuals functionally impaired by coronavirus-related anxiety.

Psychometric properties
Independent studies of adults residing across the United State have demonstrated that the CAS is a reliable instrument (α > .90), with solid factorial (single-factor; invariant across sociodemographics) and construct (correlated with anxiety, depression, suicidal ideation, and drug/alcohol coping) validity. The diagnostic properties of the CAS (90% sensitivity and 85% specificity) are comparable to related screening instruments, such as the Generalized Anxiety Disorder-7.

Scoring and interpretation
Each item of the CAS is rated on a 5-point scale, from 0 (not at all) to 4 (nearly every day), based on experiences over the past two weeks. This scaling format is consistent with the DSM-5’s cross-cutting symptom measure. A CAS total score ≥ 9 indicates probable dysfunctional coronavirus-related anxiety. Elevated scores on a particular item or a high total scale score (≥ 9) may indicate problematic symptoms for the individual that might warrant further assessment and/or treatment. Clinical judgement should guide the interpretation of the CAS results.

Use
The CAS is placed in the public domain to encourage its use in clinical assessment and research. No formal permission is therefore required for its reproduction and use by others, beyond appropriate citation: