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Psychometric Properties of the French Version of the Social Anxiety Questionnaire for Adults

M. Archibaldo Bravo*

Université de Montréal, Canada & Universidad Nacional Autónoma de México, México

Tania Lecomte

Université de Montréal, Canada

Marc Corbière

Université du Québec à Montréal, Canada

Alexandre Heeren

Université Catholique de Louvain, Belgique

ABSTRACT

The Social Anxiety Questionnaire for Adults (SAQ) is a new social anxiety measure that attracts attention for its empirical development, validation with large samples and in multicultural contexts. The SAQ has shown adequate psychometric properties among clinical and non-clinical samples, from 20 different countries, including Spain, Portugal and most Latin American countries. To date however, this questionnaire has not been translated or validated in French. The aim of this study is to present the French version of the SAQ and analyze its psychometric properties in French Canadian and Belgian samples. The original version of the SAQ was translated into French. A total of 482 Canadian and Belgian non-clinical participants were recruited for this study. All participants were administered the French versions of the SAQ and the Liebowitz Social Anxiety Scale (LSAS-SR). Confirmatory factor analyses indicated an adequate fit of the five-factor model. The internal consistency was excellent for the total score and very good for all dimensions, and the test-retest reliability was good for both the total score and all dimensions (over a 6-week period). An adequate convergent validity of the SAQ with the LSAS-SR was found. Differences between countries and gender in the SAQ were also examined, and small to medium effect sizes were noted in some scores. The French version of the SAQ demonstrated adequate reliability and validity in the evaluated samples.

Key words: social anxiety disorder, social phobia, validation, SAQ.

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Novelty and Significance

What is already known about the topic?

- The most commonly used social anxiety instruments report inconsistent factorial structures (it is not clear which dimensions are specific to the social anxiety construct).
- The Social Anxiety Questionnaire for Adults has shown adequate psychometric properties among clinical and non-clinical samples, from 20 different countries (including a solid and stable five-factor structure).

What this paper adds?

- Translation and adaptation of the Social Anxiety Questionnaire for Adults from the original version into French.
- The Social Anxiety Questionnaire for Adults demonstrated adequate reliability and validity in French-speaking samples. This French version may be used as a valuable instrument to assess social anxiety in both clinical and research contexts.
- This study is the first to show that the solid and stable factor structure of the Social Anxiety Questionnaire for Adults may also be valid for French-speaking countries.

* Correspondence concerning this article: Marcelo Archibaldo Bravo, Department of Psychology, Université de Montréal, Bur. F-330, 90 Vincent d'Indy Street, Succ. Centre-Ville, H3C 3J7, Montréal, Québec, Canada. E-mail: archibaldo.bravo@yahoo.com. *Acknowledgments:* Funding for this study was provided by the Laboratory for Education on Schizophrenia and Psychoses Oriented to Intervention and Recovery (L'ESPOIR) of Dr. Tania Lecomte. This study also received the support from the Belgian National Science Foundation (F.R.S.-FNRS #FC78142), the WBI World Excellence Grant -Competitive Cluster in Life Sciences-BIOWIN (sub/2015/228106243177), and the Belgian Foundation for Vocation (Scientific Vocation), all awarded to Dr. Alexandre Heeren. These foundations did not exert any editorial influence over this article. We gratefully acknowledge Dr. Vicente Caballo for facilitating this study and for authorizing the translation of Social Anxiety Questionnaire for Adults.

Several self-report instruments have been developed for social anxiety disorder (social phobia). Among these, we find the Social Phobia Inventory (SPIN; Connor *et alii*, 2000), the Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998), the Social Phobia Scale (SPS; Mattick & Clarke, 1998), the Social Phobia and Anxiety Inventory (SPAI; Turner, Beidel, Dancu, & Stanley, 1989), and the Liebowitz Social Anxiety Scale (LSAS; Liebowitz, 1987). Although these instruments are frequently used and generally useful, they have some important limitations (see Caballo, Salazar, Iruña, Arias, & Hofmann, 2010b). First, their items were not empirically derived. That is, most of the items were based on clinical judgment (e.g., LSAS; Liebowitz, 1987), or derived from other existing surveys and scales (e.g., SIAS and SPS; Mattick & Clarke, 1998). Also, most of the instruments exhibit an inconsistent factorial structure. For example, studies with the SPIN have reported one (Ranta *et alii*, 2007), three (Bravo, González, Castillo, & Padrós, 2017; Campbell-Sills *et alii*, 2015), and five (Connor *et alii*, 2000) factors. For a review of inconsistencies in factor solutions across different social anxiety measures see Caballo, Salazar, Iruña, Arias, & Nobre (2013). Furthermore, some relevant social situations are under-represented in most of questionnaires assessing social anxiety, such as “interaction with the opposite sex” and “assertive expression of annoyance, disgust or displeasure” (Caballo *et alii*, 2010b, 2013).

In an attempt to resolve some of these issues, the Social Anxiety Questionnaire for Adults (SAQ; Caballo, Salazar, Iruña, Arias, & Hofmann, 2012) was developed. This questionnaire is a new social anxiety measure that attracts attention for its empirical development, validation with large samples and in multicultural contexts. The SAQ is the result of several years of work. The initial version of the questionnaire had 512 items (based on more than 10,000 social situations), and through empirical validations of the instrument, this number was reduced progressively to 30 items in the final version (see Caballo *et alii*, 2010b, 2012). The SAQ has shown adequate psychometric properties among clinical and non-clinical samples, from 20 different countries, including Spain, Portugal and most Latin American countries. This questionnaire has also demonstrated a solid and stable factor structure, since all studies have found the same five-factor solution (Caballo *et alii*, 2012; Caballo, Arias, Salazar, Iruña, & Hofmann, 2015; Caballo, Salazar, Arias, Iruña, & Calderero, 2010a; Caballo, Salazar, Robles, Arias, & Iruña, 2016; Salazar, Caballo, & Arias, 2015).

To date however, the SAQ has not been translated or validated in French. The systematic validation of a French version of this questionnaire represents an important contribution in its own right, especially given that French is the official language in 32 countries and territories worldwide (International Organization of La Francophonie, 2018). Moreover, this validation may indicate if the solid and stable factor structure of the SAQ is generalizable to French-speaking countries. Therefore, the objective of the present paper is to validate the French version of Social Anxiety Questionnaire for Adults (Caballo *et alii*, 2012), using participants from Canada and Belgium. The following is divided into two sections: 1) translation of the instrument from the original Spanish version into French, and 2) evaluation of the psychometric properties.

METHOD

Translation and Adaptation of the SAQ

We followed the steps for the trans-cultural validation of psychometric instruments detailed by Hambleton, Merenda, & Spielberger (2004). Two professional translators translated independently the original version of the Social Anxiety Questionnaire for

Adults (see Caballo *et alii*, 2012), from Spanish into French. The translations were compared and inconsistencies resolved. A third translator, who was a native Spanish speaker and had knowledge of social anxiety disorder, translated the questionnaire back into Spanish. This back-translation was compared with the original version to ensure that they were linguistically equivalent. The final French version was obtained after some modifications to the items and a revision performed by a French editor. To ensure that the questionnaire can be used in different French-speaking countries, the whole translation process was made using Standard French. The final version is available in Appendix.

Participants

A total of 482 participants were recruited for this study. The first sample consisted of 279 university students from the *Université de Montréal* (Canada), the mean age was 23.1 years ($SD= 5.5$), with 76.7% of the sample consisting of female participants. The second sample was composed of 203 subjects from the *Université Catholique de Louvain* (Belgium), the average age was 33.8 years ($SD= 13.9$), with 83.7% of the sample being female. All participants were native French speakers.

Instruments

Social Anxiety Questionnaire for Adults (SAQ; Caballo *et alii*, 2012). This questionnaire consists of 30 items (plus two optional control items) that measure the level of anxiety in response to social situations. Each item is answered on a five-point Likert scale (from 1= Not at all/very slight to 5= Very high/extremely high). The mean total score reported in non-clinical samples is 75.24 ($SD= 18.95$) in males, and 81.83 ($SD= 19.66$) in females. Whereas the average total score in patients with social phobia is 110.66 ($SD= 14.80$) and 114.23 ($SD= 15.91$), in men and women, respectively (Caballo *et alii*, 2015). For distinguishing between subjects with social phobia and those without the disorder, a cut-off score of 92 in males and 97 in females is proposed. The questionnaire has five dimensions of 6 items each: 1) speaking in public/talking with people in authority; 2) interactions with the opposite sex; 3) assertive expression of annoyance, disgust or displeasure; 4) criticism and embarrassment; and 5) interactions with strangers. The internal consistency (Cronbach's α) of the SAQ is .93 for the total score, and from .78 to .86 for its dimensions (Caballo *et alii*, 2012). In this study, the French version was used.

Liebowitz Social Anxiety Scale (LSAS; Liebowitz, 1987). This scale is a 24-item semi-structured interview that assesses anxiety and avoidance of social situations (it has two subscales: anxiety and avoidance). Each item is answered on a four-point Likert scale (from 0= None/never to 3= Severe/usually). The LSAS has also been used as a self-report instrument (LSAS-SR; e.g., Baker, Heinrichs, Kim, & Hofmann, 2002) that is easier to administer. In this study, the French version of LSAS-SR adapted by Heeren *et alii* (2012) was used. This version reports in a non-clinical sample a mean total score of 52.8 ($SD= 2.2$), a Cronbach's α of .94 for total score, and a test-retest reliability of .93 (8-week period). A factorial solution of eight factors is also presented: "anxiety" and "avoidance" in response to social interaction, public speaking, observation by others, and eating and drinking in public.

Procedure

The participants were recruited directly from classrooms and communal spaces of the universities (e.g., cafeterias, libraries, exterior areas), or received an e-mail invitation to participate in the study. The participation was voluntary and the ethics committees of the *Université de Montréal* and the *Université Catholique de Louvain* approved the study. All participants ($N= 482$) were administered a socio-demographic survey along

with the French versions of the SAQ and the self-report version of the LSAS-SR. The LSAS-SR was utilized to examine convergent validity. The time of application was approximately 15 minutes. In order to determine test-retest reliability, a subsample of 54 Canadian participants filled in the SAQ a second time (over a 6-week period).

Data Analysis

Confirmatory factor analyses were carried out to verify the factor structure of the SAQ, specifically Robust Maximum Likelihood estimation was used. Calculated fit indices were as follows: χ^2 , no significant value indicating an acceptable fit of model; χ^2/df , ratio of chi-square to degrees of freedom (values ≤ 3 corresponding to good fit; Schreiber, Nora, Stage, Barlow, & King, 2006); Root mean square error (RMSEA) of approximation (values $\leq .08$ considering favorable; Schreiber *et alii*, 2006); Non-normed fit index (NNFI), Comparative fit index (CFI), and Incremental fit index (IFI) values $\geq .90$ suggesting an acceptable fit (Marsh, Hau, & Wen, 2004).

Internal consistency was evaluated by estimating the Cronbach's α coefficients for the SAQ total score and each of its dimensions. To determine test-retest reliability, Pearson's correlations were carried out between the first and second applications of the questionnaire (time 1 and time 2). In order to analyze convergent validity, Pearson's correlations were calculated between the SAQ and the LSAS-SR scores.

The SAQ scores of the Canadian and Belgian samples were compared, due to the fact that there is no study (to the best of our knowledge) that compares social anxiety levels between North American and European countries. On the other hand, scores between men and women were also compared, since studies have shown significant differences in social anxiety between gender (e.g., Caballo *et alii*, 2014). To examine differences between these groups, independent-samples t tests were performed. Cohen's d were also calculated to evaluate the effect size of the differences. As a general recommendation, Cohen (1992) classifies d effect sizes as small (.20), medium (.50), and large ($\geq .80$).

RESULTS

Fourteen participants were excluded from the analysis for having a score of 1 or 2 on control items of the SAQ, which suggests that the questionnaire was answered at random. The control items do not count for the analyses (see Appendix).

The original study of the SAQ (Caballo *et alii*, 2012) reports an internal structure of five correlated factors. To verify this proposed factor structure, confirmatory factor analyses were performed in the Canadian and Belgian samples separately.

As shown in Table 1, analyses indicated that the five-factor model had an adequate adjustment fit indices across Canadian and Belgian samples. This adequate fit was particularly observed when the model was adjusted by taking into account the error correlation between two items (items 7 and 29). These items could be linked because both involve the same social situation ("interactions with people in authority").

The internal consistency (Cronbach's α) of the SAQ was studied for each sample. The Cronbach's α were .91 and .94 for SAQ total score, for the Canadian and Belgian samples respectively. The α for each dimension were .79 and .86 (dimension 1), .81 and .85 (dimension 2), .83 and .89 (dimension 3), .76 and .82 (dimension 4), and .72 and .80 (dimension 5), for Canadian and Belgian participants respectively.

Table 1. Fit indices of the tested model (confirmatory factor analysis).

Sample		χ^2	df	χ^2/df	RMSEA	NNFI	CFI	IFI
Canadian	Five factors	659.11	395	1.67	.05	.88	.89	.89
	Five factors (error correlation items 7 and 29)	631.19	394	1.60	.05	.89	.90	.91
Belgian	Five factors	690.61	395	1.75	.06	.88	.89	.89
	Five factors (error correlation items 7 and 29)	666.90	394	1.69	.06	.89	.90	.90

Notes: All factors correlated at step 1, some error correlations at step 2. RMSEA= Root Mean Square Error of Approximation; NNFI= Non-Normed Fit Index; CFI= Comparative Fit index; IFI= Incremental Fit Index.

The mean score for each item varied from 2.01 (item 19) to 3.63 (item 16) in the Canadian sample, and from 1.97 (item 13) to 3.97 (item 4) in the Belgian sample. The correlation of each item with the corrected total score (the total score without the mentioned item) ranged from .32 (item 8) to .60 (item 23) among Canadian participants, and from .48 (item 1) to .67 (item 23) among Belgian participants. It was also observed, in both samples, that no item being eliminated increases total Cronbach's α , thus indicating that all items are adequate.

To evaluate test-retest reliability of the scale, a subsample of the Canadian participants ($n= 54$) completed the SAQ a second time six weeks later. Test-retest reliability for the total score was $r= .79$. The correlation coefficients for the dimensions were .69 (dimension 1), .69 (dimension 2), .81 (dimension 3), .64 (dimension 4), and .76 (dimension 5). All correlations were significant at $p < .001$ level. These results show an acceptable temporal stability of the instrument.

The SAQ total score and its five dimensions were significantly and positively correlated with the LSAS-SR scores, in both Canadian and Belgian samples (convergent validity, see Table 2). The SAQ total score correlated .74 and .88 with the LSAS-anxiety subscale, .45 and .73 with the LSAS-avoidance subscale, and .66 and .84 with the LSAS total score, for the Canadian and Belgian participants respectively.

While the correlations between the SAQ dimensions and the LSAS-SR subscales ranged from .29 to .67 in the Canadian sample, and from .52 to .81 in the Belgian sample (see Table 2). Additionally, correlations between the SAQ dimensions are also presented in Table 2.

The SAQ mean total score was 84.50 ($SD= 16.46$) for the Canadian sample, and 88.80 ($SD= 20.11$) for the Belgian sample. The average total scores for men and women in general were 81.61 ($SD= 17.87$) and 87.47 ($SD= 18.22$), respectively. Table 3 details

Table 2. Correlations between the SAQ and the LSAS-SR, for the Canadian and Belgian samples (the correlations for the Canadian sample are presented above the diagonal, and for the Belgian sample below the diagonal).

	Dim. 1	Dim. 2	Dim. 3	Dim. 4	Dim. 5	SAQ Total	LSAS Anx.	LSAS Av.	LSAS Total
Dimension 1	--	.61	.40	.45	.46	.78	.59	.29	.46
Dimension 2	.63	--	.58	.47	.45	.82	.67	.39	.58
Dimension 3	.42	.59	--	.45	.35	.74	.58	.44	.56
Dimension 4	.43	.53	.54	--	.47	.74	.48	.33	.43
Dimension 5	.58	.55	.61	.65	--	.71	.45	.31	.40
SAQ Total	.77	.83	.80	.78	.84	--	.74	.45	.66
LSAS Anxiety	.72	.81	.65	.62	.70	.88	--	.59	.88
LSAS Avoidance	.58	.67	.54	.52	.59	.73	.83	--	.91
LSAS Total	.68	.78	.63	.60	.68	.84	.93	.94	--

Notes: All correlations were significant at $p < .001$ level; Dimension 1= Speaking in public/talking with people in authority; Dimension 2= Interactions with the opposite sex; Dimension 3= Assertive expression of annoyance, disgust or displeasure; Dimension 4= Criticism and embarrassment; Dimension 5= Interactions with strangers; SAQ Total= Social Anxiety Questionnaire for Adults, total score; LSAS Total= Self-Report version of the Liebowitz Social Anxiety Scale, total score; LSAS Anxiety= LSAS anxiety subscale; LSAS Avoidance= LSAS avoidance subscale.

means and standard deviations for each dimension of the questionnaire. A higher score indicates a greater social anxiety level.

As can be seen in Table 3, the Belgian sample scored significantly higher than the Canadian sample in dimension 3 (“Assertive expression of annoyance, disgust or displeasure”), dimension 4 (“Criticism and embarrassment”) and the total score. In all cases the effect sizes were small ($d > .20$ but $< .50$). Regarding gender differences, women had a significantly higher score than men in dimension 1 (“Speaking in public/talking with people in authority”), dimension 5 (“Interactions with strangers”) and the total score. The effect sizes of these differences were small, except for dimension 5 where it was medium ($d = .50$).

Table 3. Differences between Canadian/Belgian samples and men/women in the SAQ scores.

SAQ Dimensions	Mean (SD)		<i>t</i>	<i>p</i>	<i>d</i>	Mean (SD)		<i>t</i>	<i>p</i>	<i>d</i>
	Canadian (<i>n</i> = 267)	Belgian (<i>n</i> = 201)				Men (<i>n</i> = 90)	Women (<i>n</i> = 378)			
1. Speaking in public/talking with people in authority	17.09 (4.63)	17.45 (5.28)	.77	.441	.07	15.74 (4.62)	17.60 (4.92)	3.26	.001	.38
2. Interactions with the opposite sex	14.10 (4.44)	13.75 (5.06)	.80	.422	.07	13.73 (4.28)	14.01 (4.81)	.49	.623	.06
3. Assertive expression of annoyance, disgust or displeasure	17.82 (4.61)	19.80 (5.51)	4.22	.000	.40	18.07 (5.08)	18.82 (5.11)	1.26	.210	.15
4. Criticism and embarrassment	16.81 (4.16)	18.72 (4.76)	4.61	.000	.43	16.88 (4.69)	17.81 (4.47)	1.75	.080	.21
5. Interactions with strangers	18.67 (3.91)	19.08 (4.53)	1.06	.291	.10	17.19 (4.08)	19.24 (4.12)	4.25	.000	.50
SAQ Total score	84.50 (16.46)	88.80 (20.11)	2.54	.011	.24	81.61 (17.87)	87.47 (18.15)	2.76	.006	.32

DISCUSSION

The purpose of this study was to present the French version of Social Anxiety Questionnaire for Adults (Caballo *et alii*, 2012), and analyze its psychometric properties in Canadian and Belgian samples. The SAQ is an empirically derived instrument that has been developed and validated using large samples from Spain, Portugal and most Latin American countries. All studies have revealed a correlated five-factor model (Caballo *et alii*, 2010a; Caballo *et alii*, 2012; Caballo *et alii*, 2016; Caballo *et alii*, 2015; Salazar *et alii*, 2015). In line with these results, our confirmatory factor analyses indicated an adequate fit of the five-factor model across Canadian and Belgian samples.

As mentioned previously, the most commonly used social anxiety instruments report inconsistent factorial structures. Consequently, to date, it is not clear which dimensions are specific to the social anxiety construct. However, as Caballo *et alii* (2015) affirms, the solid and stable factor structure of the SAQ indicates the existence of five distinct dimensions in social anxiety. Our study is the first to show that this factorial structure may also be valid for two French-speaking countries (Canada and Belgium).

Some recent studies have suggested a three-factor model of social anxiety, based on semi-structured interviews. The proposed dimensions are as follows: performance/public speaking, social interaction, and observational fears (Asnaani *et alii*, 2015; Iza *et alii*, 2014). Nevertheless, these studies included participants from one country only, and the analyses were based on only 13 social situations. On the other hand, SAQ has demonstrated its multicultural validity by finding the same five-factor solution in multiple samples from different countries (Caballo *et alii*, 2010a; Caballo *et alii*, 2012; Caballo *et alii*, 2016; Caballo *et alii*, 2015; Salazar *et alii*, 2015). In light of this, the five factors

of the SAQ appear to be the most solid proposal for determining the dimensions that constitute the social anxiety construct.

With regard to the reliability of the SAQ, the internal consistency of both samples was excellent for the total score and very good for all five factors. This is consistent with the adequate alphas reported in several studies with samples from Spain, Portugal and most Latin American countries (Caballo *et alii*, 2010a; Caballo *et alii*, 2012; Caballo *et alii* 2015; Caballo *et alii*, 2016; Salazar *et alii*, 2015). The test-retest reliability was also good for the total score and all factors, therefore indicating the instrument is stable over time. This study is the first to evaluate the temporal stability of the SAQ.

As for the convergent validity, it was found that the SAQ and the LSAS-SR were significantly and positively correlated in both samples. Higher correlations were observed with the LSAS-anxiety subscale, which was expected, since this subscale measures the level of anxiety in social situations. A lower degree of association was found with LSAS-avoidance subscale, which can be explained by the fact that individuals with social anxiety do not necessarily avoid social situations (APA, 2013). Previous studies have also exhibited an adequate convergent validity of the SAQ with the LSAS-SR (Caballo *et alii*, 2010a; Caballo *et alii*, 2012; Caballo *et alii* 2015; Caballo *et alii*, 2016; Salazar *et alii*, 2015).

Regarding differences in social anxiety between the evaluated countries, the Belgian sample scored significantly higher than the Canadian sample in two factors and in the total score of the SAQ (a higher score indicates a greater social anxiety level). However, in all cases, the effect sizes were small, thus suggesting there are no important differences among the Canadian and Belgian participants assessed in this study. Although these results may not be generalizable, they are consistent with epidemiological studies reporting similar lifetime prevalence for social anxiety disorder in Canada (8.1%; MacKenzie & Fowler, 2013) and European countries (6.7%; Fehm, Pelissolo, Furmark, & Wittchen, 2005).

Turning now to gender differences, our results indicate women had a significant higher score than men in two factors and in the SAQ total score. The effect sizes were small to medium, and even though these differences are not very large, the results are consistent with previous studies of the SAQ, which report significant differences between men and women in social anxiety (Caballo *et alii*, 2010a; Caballo *et alii*, 2012; Caballo *et alii*, 2014; Caballo *et alii*, 2015). The current study also provides evidence that support differences in situations feared by males and females. Specifically, our findings are in line with other studies that have shown that women report greater fear than men, at least regarding speaking in public and talking with people in authority roles (Caballo *et alii*, 2014; Turk *et alii*, 1998; Xu *et alii*, 2012).

Community surveys have generally revealed that social anxiety disorder is more prevalent in women than in men (Acarturk, Graaf, Straten, Have, & Cuijpers, 2008; Furmark, 2002; MacKenzie & Fowler, 2013; Somers, Goldner, Waraich, & Hsu, 2006; Xu *et alii*, 2012). Furthermore, compared with men, women report a larger number of feared social situations (Turk *et alii*, 1998; Xu *et alii*, 2012), more intense social anxiety symptoms (Caballo *et alii*, 2014; Turk *et alii*, 1998), and a greater disability/lower psychosocial functioning (McLean, Asnaani, Litz, & Hofmann, 2011; Xu *et alii* 2012). The SAQ seems to adequately measure social anxiety in women, as well as in men, by tapping into essential domains of social anxiety.

Finally, some limitations of the present study need to be considered. First, most of the participants were female university students. Although we had significant power

to detect gender differences, other studies should include more male participants. Future studies in clinical samples should also be conducted in order to determine if the same psychometric properties of the SAQ are found. The questionnaire was only administered to Canadian and Belgian samples; it would be interesting to determine its psychometric properties among participants from other French-speaking countries (e.g. France, Switzerland, North-Africa). Finally, further studies are warranted in order to: a) establish clinical cut-off scores (for men and women) to discriminate between subjects with and without social anxiety disorder, and b) examine if the instrument is sensitive to clinical changes following treatment.

In conclusion, and despite these limitations, the findings of this study indicate that the French version of SAQ demonstrated adequate reliability and validity in the evaluated samples. Therefore, the French version of the SAQ may be used as a valuable instrument to assess social anxiety in both clinical and research contexts.

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APPENDIX
QUESTIONNAIRE D'ANXIÉTÉ SOCIALE POUR ADULTES (SAQ)

Ci-dessous se trouve une série de situations sociales qui peuvent provoquer du MALAISE, de la TENSION ou de la NERVOSITE à un degré plus ou moins élevé. Veuillez marquer d'un « X » le numéro qui reflète le mieux votre situation selon l'échelle qui se trouve plus bas. Si vous n'avez pas vécu certaines situations sociales, imaginez le degré de MALAISE, de TENSION ou de NERVOSITE qu'elles provoqueraient chez vous et marquez d'un « X » le degré qui y correspond.

Scoring instructions

Degré de malaise, de tension ou de nervosité					
Pas du tout ou très peu 1	Peu 2	Modéré 3	Beaucoup 4	Extrême 5	
Veuillez répondre à tous les énoncés, et ce, de façon sincère . Ne soyez pas inquiets, il n'existe pas de bonne ou de mauvaise réponse. Merci beaucoup pour votre collaboration.					
1. Saluer quelqu'un sans être salué en retour				1 2 3 4 5	
2. Demander à un voisin de cesser de faire du bruit				1 2 3 4 5	
3. Parler en public				1 2 3 4 5	
4. Inviter une personne attirante du sexe opposé à sortir avec moi				1 2 3 4 5	
5. Me plaindre à un serveur que la nourriture n'est pas à mon goût				1 2 3 4 5	
6. Me sentir observé par des personnes du sexe opposé				1 2 3 4 5	
7. Participer à une réunion avec des personnes en position d'autorité				1 2 3 4 5	
8. Parler à quelqu'un qui ne me prête pas attention				1 2 3 4 5	
9. Répondre « non » lorsqu'on me demande de faire quelque chose qui me dérange				1 2 3 4 5	
--- (Être attaqué ou volé par une bande de délinquants armés)*				1 2 3 4 5	
10. Me faire de nouveaux amis				1 2 3 4 5	
11. Dire à une personne qu'elle m'a blessé				1 2 3 4 5	
12. Parler en classe, au travail ou lors d'une réunion				1 2 3 4 5	
13. Converser avec quelqu'un que je viens de rencontrer				1 2 3 4 5	
14. Exprimer ma colère à l'égard de quelqu'un qui s'en prend à moi				1 2 3 4 5	
15. Saluer les participants à une réunion même si plusieurs me sont inconnus				1 2 3 4 5	
16. Être l'objet d'une plaisanterie en public				1 2 3 4 5	
17. Parler à des inconnus lors de festivités ou de réunions				1 2 3 4 5	
18. Répondre à la question d'un professeur ou d'un supérieur durant une réunion				1 2 3 4 5	
19. Regarder dans les yeux quelqu'un que je viens de rencontrer pendant que je lui parle				1 2 3 4 5	
20. Une personne qui m'attire m'invite à sortir avec elle				1 2 3 4 5	
21. Me tromper devant les gens				1 2 3 4 5	
22. Aller à un événement social où je ne connais qu'une personne				1 2 3 4 5	
23. Engager une conversation avec une personne du sexe opposé qui me plaît				1 2 3 4 5	
24. Me faire réprimander pour quelque chose que j'ai mal fait				1 2 3 4 5	
25. Être obligé de prendre la parole au nom de tous au cours d'un repas avec des collègues				1 2 3 4 5	
--- (Un être cher tombe gravement malade)*				1 2 3 4 5	
26. Dire à quelqu'un que son comportement me dérange et lui demander d'arrêter				1 2 3 4 5	
27. Inviter à danser quelqu'un qui m'attire				1 2 3 4 5	
28. Me faire critiquer				1 2 3 4 5	
29. Parler avec un supérieur ou une personne en position d'autorité				1 2 3 4 5	
30. Dire à une personne qui m'attire que je souhaiterais mieux la connaître				1 2 3 4 5	

*The questionnaire has two optional control items. A score of 1 or 2 on both control items suggests that the questionnaire was answered at random. The control items do not count at all for the SAQ scores.

Dimension 1: Speaking in public/talking with people in authority (sum of the items 3, 7, 12, 18, 25 and 29)

Dimension 2: Interactions with the opposite sex (sum of the items 4, 6, 20, 23, 27 and 30)

Dimension 3: Assertive expression of annoyance, disgust or displeasure (sum of the items 2, 5, 9, 11, 14 and 26)

Dimension 4: Criticism and embarrassment (sum of the items 1, 8, 16, 21, 24 and 28)

Dimension 5: Interactions with strangers (sum of the items 10, 13, 15, 17, 19 and 22)

Total score: Sum of all items of the questionnaire.