

Screen for Child Anxiety Related Disorders (SCARED)

Child Version - Page 1 of 2 (To be filled out by the CHILD)

Name: _____ Date: _____

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

		0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1.	When I feel frightened, it is hard for me to breathe			
2.	I get headaches when I am at school			
3.	I don't like to be with people I don't know well			
4.	I get scared if I sleep away from home			
5.	I worry about other people liking me			
6.	When I get frightened, I feel like passing out			
7.	I am nervous			
8.	I follow my mother or father wherever they go			
9.	People tell me that I look nervous			
10.	I feel nervous with people I don't know well			
11.	My I get stomachaches at school			
12.	When I get frightened, I feel like I am going crazy			
13.	I worry about sleeping alone			
14.	I worry about being as good as other kids			
15.	When I get frightened, I feel like things are not real			
16.	I have nightmares about something bad happening to my par- ents			
17.	I worry about going to school			
18.	When I get frightened, my heart beats fast			
19.	I get shaky			
20.	I have nightmares about something bad happening to me			

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		0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21.	I worry about things working out for me			
22.	When I get frightened, I sweat a lot			
23.	I am a worrier			
24.	I get really frightened for no reason at all			
25.	I am afraid to be alone in the house			
26.	It is hard for me to talk with people I don't know well			
27.	When I get frightened, I feel like I am choking			
28.	People tell me that I worry too much			
29.	I don't like to be away from my family			
30.	I am afraid of having anxiety (or panic) attacks			
31.	I worry that something bad might happen to my parents			
32.	I feel shy with people I don't know well			
33.	I worry about what is going to happen in the future			
34.	When I get frightened, I feel like throwing up			
35.	I worry about how well I do things			
36.	I am scared to go to school			
37.	I worry about things that have already happened			
38.	When I get frightened, I feel dizzy			
39.	I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport)			
40.	I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well			
41.	I am shy			

**For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

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