

Screen for Child Anxiety Related Disorders (SCARED)

Parent Version - Page 1 of 2 (To be filled out by the PARENT)

Name: _____ **Date:** _____

Directions:

Below is a list of statements that describe how people feel. Read each statement carefully and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then for each statement, fill in one circle that corresponds to the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

		0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1.	When my child feels frightened, it is hard for him/her to breathe			
2.	My child gets headaches when he/she is at school			
3.	My child doesn't like to be with people he/she doesn't know well			
4.	My child gets scared if he/she sleeps away from home			
5.	My child worries about other people liking him/her			
6.	When my child gets frightened, he/she feels like passing out			
7.	My child is nervous			
8.	My child follows me wherever I go			
9.	People tell me that my child looks nervous			
10.	My child feels nervous with people he/she doesn't know well			
11.	My child gets stomachaches at school			
12.	When my child gets frightened, he/she feels like he/she is going crazy			
13.	My child worries about sleeping alone			
14.	My child worries about being as good as other kids			
15.	When he/she gets frightened, he/she feels like things are not real			
16.	My child has nightmares about something bad happening to his/her parents			
17.	My child worries about going to school			
18.	When my child gets frightened, his/her heart beats fast			
19.	He/she gets shaky			
20.	My child has nightmares about something bad happening to him/her			

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