

Screen for Child Anxiety Related Disorders (SCARED)
Parent Version—Pg. 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. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My child gets headaches when he/she is at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My child doesn't like to be with people he/she doesn't know well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My child gets scared if he/she sleeps away from home. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. My child worries about other people liking him/her. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. When my child gets frightened, he/she feels like passing out. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. My child is nervous. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. My child follows me wherever I go. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. People tell me that my child looks nervous. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. My child feels nervous with people he/she doesn't know well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. My child gets stomachaches at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. When my child gets frightened, he/she feels like he/she is going crazy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. My child worries about sleeping alone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. My child worries about being as good as other kids. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. When he/she gets frightened, he/she feels like things are not real. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. My child has nightmares about something bad happening to his/her parents. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. My child worries about going to school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. When my child gets frightened, his/her heart beats fast. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. He/she gets shaky. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. My child has nightmares about something bad happening to him/her. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |