

**Screen for Child Anxiety Related Disorders (SCARED)  
Child Version (To be filled out by the Child)**

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Date completed \_\_\_\_\_

**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.

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
1. When I feel frightened, its hard to breathe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I get headaches when I am at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I don't like to be with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I get scared if I sleep away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I worry about other people liking me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not True or Hardly Ever True</b>	<b>Somewhat True or Sometimes True</b>	<b>Very True or Often True</b>
6. When I get frightened, I feel like passing out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I follow my mother or father wherever they go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. People tell me that I look nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel nervous with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not True or Hardly Ever True</b>	<b>Somewhat True or Sometimes True</b>	<b>Very True or Often True</b>
11. I get stomachaches at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When I get frightened, I feel like I am going cry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I worry about sleeping alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I worry about being as good as other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When I get frightened, I feel like things are not real.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not True or Hardly Ever True</b>	<b>Somewhat True or Sometimes True</b>	<b>Very True or Often True</b>
16. I have nightmares about something bad happening to my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I worry about going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. When I get frightened, my heart beats fast.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I get shaky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I have nightmares about something bad happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not True or Hardly Ever True</b>	<b>Somewhat True or Sometimes True</b>	<b>Very True or Often True</b>
21. I worry about things working out for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. When I get frightened, I sweat a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am a worrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I get really frightened for no reason at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I am afraid to be alone in the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not True or Hardly Ever True</b>	<b>Somewhat True or Sometimes True</b>	<b>Very True or Often True</b>
26. It is hard for me to talk with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. When I get frightened, I feel like I'm choking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. People tell me that I worry too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I don't like to be away from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I am afraid of having anxiety (or panic) attacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not True or Hardly Ever True</b>	<b>Somewhat True or Sometimes True</b>	<b>Very True or Often True</b>
31. I worry that something bad might happen to my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I feel shy with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I worry about what is going to happen in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. When I get frightened, I feel like throwing up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |  | <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>               |
|--|---|--|--|
|  | <b>Not True<br/>or Hardly<br/>Ever True</b> | <b>Somewhat True<br/>or Sometimes<br/>True</b> | <b>Very True<br/>or Often<br/>True</b> |
| 35. I worry about how well to I do things.   | <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>               |
| 36. I am scared to go to school.   | <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>               |
| 37. I worry about things that have already happened.   | <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>               |
| 38. When I get frightened, I feel dizzy.   | <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>               |
| 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.) | <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>               |
| 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.   | <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>               |
| 41. I am shy.  | <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>               |