

Name _____

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

Date of birth _____

Date completed _____

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 on 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.

- | | | | |
|---|-------------------------------------|--|--------------------------------|
| 1. When my child feels frightened, it is hard for him/her to breathe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My child gets headaches when he/she is at school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My child doesn't like to be with people he/she doesn't know well. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My child gets scared if he/she sleeps away from home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My child worries about other people liking him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Not True or Hardly Ever True | Somewhat True or Sometimes True | Very True or Often True |
| 6. When my child gets frightened, he/she feels like passing out. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My child is nervous. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My child follows me wherever I go. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. People tell me that my child looks nervous. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. My child feels nervous with people he/she doesn't know well. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Not True or Hardly Ever True | Somewhat True or Sometimes True | Very True or Often True |
| 11. My child gets stomachaches at school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. When my child gets frightened, he/she feels like he/she is going crazy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. My child worries about sleeping alone. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. My child worries about being as good as other kids. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. When he/she gets frightened, he/she feels like things are not real. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Not True or Hardly Ever True | Somewhat True or Sometimes True | Very True or Often True |
| 16. My child has nightmares about something bad happening to his/her parents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. My child worries about going to school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. When my child gets frightened, his/her heart beats fast. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. He/she gets shaky. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. My child has nightmares about something bad happening to him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Not True or Hardly Ever True | Somewhat True or Sometimes True | Very True or Often True |
| 21. My child worries about things working out for him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. When my child gets frightened, he/she sweats a lot. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. My child is a worrier. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. My child gets really frightened for no reason at all. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. My child is afraid to be alone in the house. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Not True or Hardly Ever True | Somewhat True or Sometimes True | Very True or Often True |
| 26. It is hard for my child to talk with people he/she doesn't know well. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. When my child gets frightened, he/she feels like he/she is choking. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. People tell me that my child worries too much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. My child doesn't like to be away from his/her family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|------------------------------------|---------------------------------------|-------------------------------|
| | Not True
or Hardly
Ever True | Somewhat True
or Sometimes
True | Very True
or Often
True |
| 30. My child is afraid of having anxiety (or panic) attacks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. My child worries that something bad might happen to his/her parents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. My child feels shy with people he/she doesn't know well. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. My child worries about what is going to happen in the future. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. When my child get frightened, he/she feels like throwing up. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. My child worries about how well he/she does things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Not True
or Hardly
Ever True | Somewhat True
or Sometimes
True | Very True
or Often
True |
| 36. My child is scared to go to school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. My child worries about things that have already happened. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. When my child get frightened, he/she feels dizzy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. My child is shy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |