

Screen for Child Anxiety Related Disorders (SCARED)
 Parent Version- Pg 1 of 2 (To be filled out by Parent)

Name: _____
 Date: _____

Directions:

Below is a list of statements that describe how people feel. Reach each statement carefully and decide if it is "Not True or Hardly True" or "Somewhat True or Sometimes True" or "Very True or Often True" for your child. Then for each statement, fill in an X 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.			
4. My child gets scared if he/she sleeps away from home.			
5. My child worries about other people liking him.			
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 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, his heart beats fast			
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, he/she feels like things are not real.			

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Pg. 2 of 2 (to be filled out by the Parent)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
19. My child gets shaky			
20. My child has nightmares about something bad happening to him/her.			
21. My child worries about things working out for him.			
22. When my child gets frightened, he 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 is choking.			
28. People tell me that my child worries too much.			
29. My child is doesn't like to be away form 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 in the future.			
34. When my child feels 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. (for example: read aloud, speak, play a game, play a sport)			
40. My child feel nervous when he/she is going to parties, dances, or any place where there will be people he doesn't know well.			
41. My child is shy.			