

Child's Name:
Child Assisted By:

Child's Birthday:
Date:

Screen for Child Anxiety Related Disorders (SCARED) Child Version

Pg. 1 of 2 (To be filled out by the CHILD)

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 (0), Somewhat True or Sometimes True (1), or Very True or Often True (2) for you. Then for each sentence, fill in one box that corresponds to the response that seems to describe you for the last 3 months. **For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When I feel frightened, it is 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"/>
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"/>
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 crazy.	<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"/>
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"/>

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Pg. 2 of 2 (To be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
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"/>
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 am 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"/>
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"/>
35. I worry about how well 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"/>

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