

## Screen for Child Anxiety Related Disorders (SCARED)

PARENT Version—Page 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	
21. My child worries about things working out for him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
22. When my child gets frightened, he/she sweats a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
23. My child is a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
24. My child gets really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
25. My child is afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
26. It is hard for my child to talk with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
27. When my child gets frightened, he/she feels like he/she is choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
28. People tell me that my child worries too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
29. My child doesn't like to be away from his/her family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
30. My child is afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
31. My child worries that something bad might happen to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
32. My child feels shy with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
33. My child worries about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
34. When my child gets frightened, he/she feels like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
35. My child worries about how well he/she does things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
36. My child is scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
37. My child worries about things that have already happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
38. When my child gets frightened, he/she feels dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
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="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
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="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
41. My child is shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC

### BelliAcres Pediatrics

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**Screen for Child Anxiety Related Disorders (SCARED)**  
**PARENT Version—Page 1 of 2 (to be filled out by the PARENT)**

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230-6.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**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 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	○	○	○	PN
2. My child gets headaches when he/she am at school.	○	○	○	SH
3. My child doesn't like to be with people he/she doesn't know well.	○	○	○	SC
4. My child gets scared if he/she sleeps away from home.	○	○	○	SP
5. My child worries about other people liking him/her.	○	○	○	GD
6. When my child gets frightened, he/she feels like passing out.	○	○	○	PN
7. My child is nervous.	○	○	○	GD
8. My child follows me wherever I go.	○	○	○	SP
9. People tell me that my child looks nervous.	○	○	○	PN
10. My child feels nervous with people he/she doesn't know well.	○	○	○	SC
11. My child gets stomachaches at school.	○	○	○	SH
12. When my child gets frightened, he/she feels like he/she is going crazy.	○	○	○	PN
13. My child worries about sleeping alone.	○	○	○	SP
14. My child worries about being as good as other kids.	○	○	○	GD
15. When my child gets frightened, he/she feels like things are not real.	○	○	○	PN
16. My child has nightmares about something bad happening to his/her parents.	○	○	○	SP
17. My child worries about going to school.	○	○	○	SH
18. When my child gets frightened, his/her heart beats fast.	○	○	○	PN
19. He/she child gets shaky.	○	○	○	PN
20. My child has nightmares about something bad happening to him/her.	○	○	○	SP

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