

Screen for Child Anxiety Related Disorders (SCARED)
Child Version

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

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 you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you *for the last 3 months*.

	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	○	○	○	PN
2. I get headaches when I am at school.	○	○	○	SH
3. I don't like to be with people I don't know well.	○	○	○	SC
4. I get scared if I sleep away from home.	○	○	○	SP
5. I worry about other people liking me.	○	○	○	GD
6. When I get frightened, I feel like passing out.	○	○	○	PN
7. I am nervous.	○	○	○	GD
8. I follow my mother or father wherever they go.	○	○	○	SP
9. People tell me that I look nervous.	○	○	○	PN
10. I feel nervous with people I don't know well.	○	○	○	SC
11. I get stomachaches at school.	○	○	○	SH
12. When I get frightened, I feel like I am going crazy.	○	○	○	PN
13. I worry about sleeping alone.	○	○	○	SP
14. I worry about being as good as other kids.	○	○	○	GD
15. When I get frightened, I feel like things are not real.	○	○	○	PN
16. I have nightmares about something bad happening to my parents.	○	○	○	SP
17. I worry about going to school.	○	○	○	SH
18. When I get frightened, my heart beats fast.	○	○	○	PN
19. I get shaky.	○	○	○	PN
20. I have nightmares about something bad happening to me.	○	○	○	PN

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. Reprinted with permission from B. Birmaher, MD., May 2007.

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), 1230–1236.

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CHILD Version—Page 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.	○	○	○	GD
22. When I get frightened, I sweat a lot.	○	○	○	PN
23. I am a worrier.	○	○	○	GD
24. I get really frightened for no reason at all.	○	○	○	PN
25. I am afraid to be alone in the house.	○	○	○	SP
26. It is hard for me to talk with people I don't know well.	○	○	○	SC
27. When I get frightened, I feel like I am choking.	○	○	○	PN
28. People tell me that I worry too much.	○	○	○	GD
29. I don't like to be away from my family.	○	○	○	SP
30. I am afraid of having anxiety (or panic) attacks.	○	○	○	PN
31. I worry that something bad might happen to my parents.	○	○	○	SP
32. I feel shy with people I don't know well.	○	○	○	SC
33. I worry about what is going to happen in the future.	○	○	○	GD
34. When I get frightened, I feel like throwing up.	○	○	○	PN
35. I worry about how well I do things.	○	○	○	GD
36. I am scared to go to school.	○	○	○	SH
37. I worry about things that have already happened.	○	○	○	GD
38. When I get frightened, I feel dizzy.	○	○	○	PN
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).	○	○	○	SC
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.	○	○	○	SC
41. I am shy.	○	○	○	SC

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SCARED SCORING, Child Version:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

TOTAL =

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

PN =

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

GD =

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety SOC**.

SP =

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

SC =

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

SH =

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.

The child version of the SCARED is available at no cost at <http://psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Child%20with%20scoring.pdf>. (Reprinted with permission from B. Birmaher, MD., May 2007.)

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Fangzi Liao developed the scorable template.

Screen for Child Anxiety Related Disorders (SCARED)
Parent Version

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

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

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

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A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

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