# Screen for Child Anxiety Related Disorders (SCARED)—Parent Version

Parent's name _____ Date _____

Child's name _____

## PARENT Version—Pages 1 and 2 (to be filled out by the PARENT)

**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, check the box 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<br>Not True or Hardly Ever True | 1<br>Somewhat True or Sometimes True | 2<br>Very True or Often True | |
|---|---|---|---|---|
| 1. When my child feels frightened, it is hard for him/her to breathe. | ☐ | ☐ | ☐ | PA/SO |
| 2. My child gets headaches when he/she is at school. | ☐ | ☐ | ☐ | SCH |
| 3. My child doesn't like to be with people he/she doesn't know well. | ☐ | ☐ | ☐ | SOC |
| 4. My child gets scared if he/she sleeps away from home. | ☐ | ☐ | ☐ | SEP |
| 5. My child worries about other people liking him/her. | ☐ | ☐ | ☐ | GA |
| 6. When my child gets frightened, he/she feels like passing out. | ☐ | ☐ | ☐ | PA/SO |
| 7. My child is nervous. | ☐ | ☐ | ☐ | GA |
| 8. My child follows me wherever I go. | ☐ | ☐ | ☐ | SEP |
| 9. People tell me that my child looks nervous. | ☐ | ☐ | ☐ | PA/SO |
| 10. My child feels nervous with people he/she doesn't know well. | ☐ | ☐ | ☐ | SOC |
| 11. My child gets stomachaches at school. | ☐ | ☐ | ☐ | SCH |
| 12. When my child gets frightened, he/she feels like he/she is going crazy. | ☐ | ☐ | ☐ | PA/SO |
| 13. My child worries about sleeping alone. | ☐ | ☐ | ☐ | SEP |
| 14. My child worries about being as good as other kids. | ☐ | ☐ | ☐ | GA |
| 15. When my child gets frightened, he/she feels like things are not real. | ☐ | ☐ | ☐ | PA/SO |
| 16. My child has nightmares about something bad happening to his/her parents. | ☐ | ☐ | ☐ | SEP |
| 17. My child worries about going to school. | ☐ | ☐ | ☐ | SCH |
| 18. When my child gets frightened, his/her heart beats fast. | ☐ | ☐ | ☐ | PA/SO |



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American Academy of Pediatrics

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Parent's name _____ Date _____

Child's name _____

| | 0<br>Not True or Hardly Ever True | 1<br>Somewhat True or Sometimes True | 2<br>Very True or Often True | |
|---|---|---|---|---|
| 19. He/she gets shaky. | ☐ | ☐ | ☐ | **PA/SO** |
| 20. My child has nightmares about something bad happening to him/her. | ☐ | ☐ | ☐ | **SEP** |
| 21. My child worries about things working out for him/her. | ☐ | ☐ | ☐ | **GA** |
| 22. When my child gets frightened, he/she sweats a lot. | ☐ | ☐ | ☐ | **PA/SO** |
| 23. My child is a worrier. | ☐ | ☐ | ☐ | **GA** |
| 24. My child gets really frightened for no reason at all. | ☐ | ☐ | ☐ | **PA/SO** |
| 25. My child is afraid to be alone in the house. | ☐ | ☐ | ☐ | **SEP** |
| 26. It is hard for my child to talk with people he/she doesn't know well. | ☐ | ☐ | ☐ | **SOC** |
| 27. When my child gets frightened, he/she feels like he/she is choking. | ☐ | ☐ | ☐ | **PA/SO** |
| 28. People tell me that my child worries too much. | ☐ | ☐ | ☐ | **GA** |
| 29. My child doesn't like to be away from his/her family. | ☐ | ☐ | ☐ | **SEP** |
| 30. My child is afraid of having anxiety (or panic) attacks. | ☐ | ☐ | ☐ | **PA/SO** |
| 31. My child worries that something bad might happen to his/her parents. | ☐ | ☐ | ☐ | **SEP** |
| 32. My child feels shy with people he/she doesn't know well. | ☐ | ☐ | ☐ | **SOC** |
| 33. My child worries about what is going to happen in the future. | ☐ | ☐ | ☐ | **GA** |
| 34. When my child gets frightened, he/she feels like throwing up. | ☐ | ☐ | ☐ | **PA/SO** |
| 35. My child worries about how well he/she does things. | ☐ | ☐ | ☐ | **GA** |
| 36. My child is scared to go to school. | ☐ | ☐ | ☐ | **SCH** |
| 37. My child worries about things that have already happened. | ☐ | ☐ | ☐ | **GA** |
| 38. When my child gets frightened, he/she feels dizzy. | ☐ | ☐ | ☐ | **PA/SO** |
| 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). | ☐ | ☐ | ☐ | **SOC** |
| 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. | ☐ | ☐ | ☐ | **SOC** |
| 41. My child is shy. | ☐ | ☐ | ☐ | **SOC** |



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## To be completed by CLINICIAN:

Child's name _____ Date _____

## SCORING:

| | |
|---|---|
| A total score of ≥ **25 may** indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. | **TOTAL=** 0 |
| 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**. | **PA/SO=** 0 |
| A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 **may** indicate **Generalized Anxiety Disorder**. | **GA=** 0 |
| A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 **may** indicate **Separation Anxiety Disorder**. | **SEP=** 0 |
| A score of **8** for items 3, 10, 26, 32, 39, 40, 41 **may** indicate **Social Phobic Disorder**. | **SOC =** 0 |
| A score of **3** for items 2, 11, 17, 36 **may** indicate **Significant School Avoidance.** | **SCH=** 0 |

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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.

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The recommendations in this resource do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original resource included as part of *Caring for Children With ADHD: A Practical Resource Toolkit for Clinicians*, 3rd Edition.

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