SCARED - Child

Name:_____

Date of Birth: _____ Today's Date:_____

Please mark under the heading that best fits you:	**Not True or Hardly Ever True**	**Somewhat True or Sometimes True**	**Very True or Often True**
1. When I feel frightened, it is hard to breathe	☐	☐	☐
2. I get headaches when I am at school	☐	☐	☐
3. I don't like to be with people I don't know well	☐	☐	☐
4. I get scared if I sleep away from home	☐	☐	☐
5. I worry about other people liking me	☐	☐	☐
6. When I get frightened, I feel like passing out	☐	☐	☐
7. I am nervous	☐	☐	☐
8. I follow my mother or father wherever they go	☐	☐	☐
9. People tell me that I look nervous	☐	☐	☐
10. I feel nervous with people I don't know well	☐	☐	☐
11. I get stomachaches at school	☐	☐	☐
12. When I get frightened, I feel like I am going crazy	☐	☐	☐
13. I worry about sleeping alone	☐	☐	☐
14. I worry about being as good as other kids	☐	☐	☐
15. When I get frightened, I feel like things are not real	☐	☐	☐
16. I have nightmares about something bad happening to my parents	☐	☐	☐
17. I worry about going to school	☐	☐	☐
18. When I get frightened, my heart beats fast	☐	☐	☐
19. I get shaky	☐	☐	☐
20. I have nightmares about something bad happening to me	☐	☐	☐
21. I worry about things working out for me	☐	☐	☐

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