Screen for Child Anxiety Related Disorders (SCARED)

Child Version - to be filled out by the child

Child's full name:		Date submitte	a:	·			

Instructions: 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

	0	1	2
1 When I feel fuightened it is hard for me to breathe		•	
1. When I feel frightened, it is hard for me 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.			

0 = Not true or hardly ever true 1 = Somewhat true or sometimes true 2 = Very true or often true

	0	1	2
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 (ex. 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.			
Total score			

Additional notes

*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.

Reference: Birmaher, B., Khetarpal, S., Brent, D., Cully, M., Balach, L., Kaufman, J., & Neer, S. M. (1997). The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale construction and psychometric characteristics. Journal of the American Academy of Child & Adolescent Psychiatry, 36(4), 545–553. https://doi.org/10.1097/00004583-199704000-00018

Screen for Child Anxiety Related Disorders (SCARED)

Parent Version - to be filled out by the child's parent

Child's full name:	Date submitted:				
is "Not True or Hardly Ever True" or "So Then for each statement, fill in one circ 3 months. Please respond to all statem	ents that describe how people feel. Read each omewhat True or Sometimes True" or "Very True" that corresponds to the response that seen nents as well as you can, even if some do not	rue or Oftens to descri seem to co	n True" f ibe youi oncern y	for your control of the control of t	hild. the las
0 = Not true or hardly ever true	1 = Somewhat true or sometimes true	2 = Very	true or	often tru	ne Te
			0	1	2
1. When my child feels frightened,	it is hard for him/her to breathe.				
2. My child gets headaches when h	ne/she is at school.				
3. My child doesn't like to be with p	people he/she doesn't know well.				
4. My child gets scared if he/she sl	eeps away from home.				
5. My child worries about other ped	ople liking him/her.				
6. When my child gets frightened, I	ne/she feels like passing out.				
7. My child is nervous.					
8. My child follows me wherever I g	jo.				
9. People tell me that my child look	s nervous.				
10. My child feels nervous with peop	ole he/she doesn't know well.				
11. My child gets stomachaches at s	school.				
12. When my child gets frightened, I	ne/she feels like he/she is going crazy.				
13. My child worries about sleeping	alone.				
14. My child worries about being as	good as other kids.				
15. When he/she gets frightened, he	/she feels like things are not real.				
16. My child has nightmares about s	something bad happening to his/her parents				
17. My child worries about going to	school.				
18. When my child gets frightened, I	nis/her heart beats fast.				
19. He/she gets shaky.					
20. My child has nightmares about s	something bad happening to him/her.				
21. My child worries about things we	orking out for him/her.				
22 When my child gets frightened	no/sha swaats a lat				

23. My child is a worrier.

0 = Not true or hardly ever true 1 = Somewhat true or sometimes true 2 = Very true or often true

	0	1	2
24. My child gets really frightened for no reason at all.			
25. My child is afraid to be alone in the house.			
26. It is hard for my child to talk with people he/she doesn't know well.			
27. When my child gets frightened, he/she feels like he/she is choking.			
28. People tell me that my child worries too much.			
29. My child doesn't like to be away from his/her family.			
30. My child is afraid of having anxiety (or panic) attacks.			
31. My child worries that something bad might happen to his/her parents.			
32. My child feels shy with people he/she doesn't know well.			
33. My child worries about what is going to happen in the future.			
34. When my child gets frightened, he/she feels like throwing up.			
35. My child worries about how well he/she does things.			
36. My child is scared to go to school.			
37. My child worries about things that have already happened.			
38. When my child gets frightened, he/she feels dizzy.			
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 (ex: read aloud, speak, play a game, play a sport).			
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.			
41. My child is shy.			
Total score			

Add	itional	notes
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Reference: Birmaher, B., Khetarpal, S., Brent, D., Cully, M., Balach, L., Kaufman, J., & Neer, S. M. (1997). The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale construction and psychometric characteristics. Journal of the American Academy of Child & Adolescent Psychiatry, 36(4), 545–553. https://doi.org/10.1097/00004583-199704000-00018

SCARED Rating Scale Scoring Aid

Use with parent and child versions

			USE	with po	ai C iil a	na cm	iu veis	510115		
Question	Panic/ somatic	Generalized anxiety	Separation	Social	School avoidance	Question	Panic/ somatic	Generalized anxiety	Separation	Social
1						31				
2						32				
3						33				
4						34				
5						35				
6						36				
7						37				
8						38				
9						39				
10						40				
11						41				
12						Total				
13							Cutoff	Cutoff	Cutoff	Cutoff
14							= 7	= 9	= 5	= 8
15						Saari	na			
16						Scori		of a OE ma	indiaata	the muses
17								of ≥ 25 ma rder . Scor		
18						spe	cific.			
19								or items 1,		
20								may indicomatic Sy		
21								_	-	
22								or items 5, Generaliz e		
23							,	5.5.751 all 20		, =.00140
24								or items 4, ration An		
25						l lilui	oale oc pa	rauvii All	AICLY DISC	ZI UGI .
26								or items 3, al Anxiety		
27						iiiui	oale Juli	ai AllAICLY	DISUIUEI	•
	+									

- esence of an 30 are more
- 19, 22, 24, der or
- 8, 33, 35, 37 order.
- 5, 29, 31 may
- 40, 41 may
- · A score of 3 for items 2, 11, 17, 36 may indicate Significant School Avoidance.

School avoidance

Cutoff

28

29

30