

SCARED – Child & Teen Version

Name: _____ Date: _____

Directions: Below is a list of statements that describe how people feel. Read each statement carefully and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for yourself. 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	For Office Use Only				
					1	2	3	4	5
1.	When I feel frightened, it is hard to breathe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2.	I get headaches when I am at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3.	I don't like to be with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4.	I get scared if I sleep away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5.	I worry about other people liking me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.	When I get frightened, I feel like passing out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7.	I am nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8.	I follow my mother or father wherever they go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9.	People tell me that I look nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10.	I feel nervous with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
11.	I get stomach aches at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12.	When I get frightened, I feel like I am going crazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
13.	I worry about sleeping alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
14.	I worry about being as good as other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
15.	When I get frightened, I feel like things are not real.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
16.	I have nightmares about something bad happening to my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
17.	I worry about going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
18.	When I get frightened, my heart beats fast.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
19.	I get shaky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
20.	I have nightmares about something bad happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
					1	2	3	4	5

		0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	For Office Use Only				
					1	2	3	4	5
21.	I worry about things working out for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
22.	When I get frightened, I sweat a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
23.	I am a worrier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
24.	I get really frightened for no reason at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
25.	I am afraid to be alone in the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
26.	It is hard for me to talk with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
27.	When I get frightened, I feel like I am choking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
28.	People tell me that I worry too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
29.	I don't like to be away from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
30.	I am afraid of having anxiety (or panic) attacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
31.	I worry that something bad might happen to my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
32.	I feel shy with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
33.	I worry about what is going to happen in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
34.	When I get frightened, I feel like throwing up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
35.	I worry about how well I do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
36.	I am scared to go to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
37.	I worry about things that have already happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
38.	When I get frightened, I feel dizzy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
39.	I feel nervous when I am with other children or adults and I have to do something while they watch me (read aloud, speak, play a sport, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
41.	I am shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
					1	2	3	4	5

SCARED CHILD Scoring – This page is for office use on – do not distribute to child/teen.

Name: _____ Date: _____

Domains: To calculate domain scores listed below: 1) Transfer the value (0, 1 or 2) from each endorsed item into the blank space in the “For Office Use Only” section on pages 1 & 2. 2) Sum the values in the appropriate boxes (1-5) at the bottom of pages 1 & 2. 3) Transfer the numbers to the columns on this table as indicated, add pages 1 & 2 to obtain domain scores. 4) Add all of the domain scores to obtain the Total SCARED Score.	Transfer from Page 1	Transfer from Page 2	Pages 1 + Page 2 = Domain Score
1. Panic Disorder or Significant Somatic Symptoms			
2. Generalized Anxiety Disorder			
3. Separation Anxiety Disorder			
4. Social Anxiety Disorder			
5. Significant School Avoidance			
Total SCARED Score = Sum of Domain Scores			

Interpretation Guidelines:

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

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**.

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

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

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**.

*For children ages 8-11, 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.