

SCARED – Parent 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 your child. 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 my child feels frightened, it is hard for them to breathe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2.	My child gets headaches when they are at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3.	My child doesn't like to be with people they don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4.	My child gets scared if they sleep away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5.	My child worries about other people liking them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.	When my child gets frightened, they feel like passing out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7.	My child is nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8.	My child follows me wherever I go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9.	People tell me that my child looks nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10.	My child feels nervous with people they don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
11.	My child gets stomach aches at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12.	When my child gets frightened, they feel like they are going crazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
13.	My child worries about sleeping alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
14.	My child worries about being as good as other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
15.	When my child gets frightened, they feel like things are not real.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
16.	My child has nightmares about something bad happening to their parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
17.	My child worries about going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
18.	When my child gets frightened, their heart beats fast.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
19.	They get shaky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
20.	My child has nightmares about something bad happening to them.	<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.	My child worries about things working out for them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
22.	When my child gets frightened, they sweat a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
23.	My child is a worrier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
24.	My child gets really frightened for no reason at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
25.	My child is afraid to be alone in the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
26.	It is hard for my child to talk with people they don't well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
27.	When my child gets frightened, they feel like they are choking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
28.	People tell me that my child worries too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
29.	My child doesn't like to be away from their family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
30.	My child is afraid of having anxiety (panic) attacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
31.	My child worries that something bad might happen in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
32.	My child feels shy with people they don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
33.	My child worries about what is going to happen in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
34.	When my child gets frightened, they feel like throwing up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
35.	My child worries about how well they do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
36.	My child is scared to go to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
37.	My child worries about things that have already happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
38.	When my child gets frightened, they feel dizzy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
39.	My child feels nervous when they are with other children or adults and they have to do something while they watch them (read aloud, speak, play a sport, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
40.	My child feels nervous when they are going to parties, dances or any place where there will be people that they don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
41.	My child is shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
					1	2	3	4	5

SCARED PARENT Scoring – This page is for office use on – do not distribute to parent.

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.