**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. | □ | □ | □ |  |  |  |  |  |
| 2. | My child gets headaches when they are at school. | □ | □ | □ |  |  |  |  |  |
| 3. | My child doesn’t like to be with people they don’t know well. | □ | □ | □ |  |  |  |  |  |
| 4. | My child gets scared if they sleep away from home. | □ | □ | □ |  |  |  |  |  |
| 5. | My child worries about other people liking them. | □ | □ | □ |  |  |  |  |  |
| 6. | When my child gets frightened, they feel like passing out. | □ | □ | □ |  |  |  |  |  |
| 7. | My child is nervous. | □ | □ | □ |  |  |  |  |  |
| 8. | My child follows me wherever I go. | □ | □ | □ |  |  |  |  |  |
| 9. | People tell me that my child looks nervous. | □ | □ | □ |  |  |  |  |  |
| 10. | My child feels nervous with people they don’t know well. | □ | □ | □ |  |  |  |  |  |
| 11. | My child gets stomach aches at school. | □ | □ | □ |  |  |  |  |  |
| 12. | When my child gets frightened, they feel like they are going crazy. | □ | □ | □ |  |  |  |  |  |
| 13. | My child worries about sleeping alone. | □ | □ | □ |  |  |  |  |  |
| 14. | My child worries about being as good as other kids. | □ | □ | □ |  |  |  |  |  |
| 15. | When my child gets frightened, they feel like things are not real. | □ | □ | □ |  |  |  |  |  |
| 16. | My child has nightmares about something bad happening to their parents. | □ | □ | □ |  |  |  |  |  |
| 17. | My child worries about going to school. | □ | □ | □ |  |  |  |  |  |
| 18. | When my child gets frightened, their heart beats fast. | □ | □ | □ |  |  |  |  |  |
| 19. | They get shaky. | □ | □ | □ |  |  |  |  |  |
| 20. | My child has nightmares about something bad happening to them. | □ | □ | □ |  |  |  |  |  |
|  | | | | |  |  |  |  |  |
| 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. | □ | □ | □ |  |  |  |  |  |
| 22. | When my child gets frightened, they sweat a lot. | □ | □ | □ |  |  |  |  |  |
| 23. | My child is a worrier. | □ | □ | □ |  |  |  |  |  |
| 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 they don’t well. | □ | □ | □ |  |  |  |  |  |
| 27. | When my child gets frightened, they feel like they are choking. | □ | □ | □ |  |  |  |  |  |
| 28. | People tell me that my child worries too much. | □ | □ | □ |  |  |  |  |  |
| 29. | My child doesn’t like to be away from their family. | □ | □ | □ |  |  |  |  |  |
| 30. | My child is afraid of having anxiety (panic) attacks. | □ | □ | □ |  |  |  |  |  |
| 31. | My child worries that something bad might happen in the future. | □ | □ | □ |  |  |  |  |  |
| 32. | My child feels shy with people they don’t know well. | □ | □ | □ |  |  |  |  |  |
| 33. | My child worries about what is going to happen in the future. | □ | □ | □ |  |  |  |  |  |
| 34. | When my child gets frightened, they feel like throwing up. | □ | □ | □ |  |  |  |  |  |
| 35. | My child worries about how well they do 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, they feel dizzy. | □ | □ | □ |  |  |  |  |  |
| 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) | □ | □ | □ |  |  |  |  |  |
| 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. | □ | □ | □ |  |  |  |  |  |
| 41. | My child is shy. | □ | □ | □ |  |  |  |  |  |
|  | | | | |  |  |  |  |  |
| 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 |  |  |  |
| 1. Generalized Anxiety Disorder |  |  |  |
| 1. Separation Anxiety Disorder |  |  |  |
| 1. Social Anxiety Disorder |  |  |  |
| 1. 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 ion case they have an questions.