

Screen for Child Anxiety Related Disorders (SCARED)

Child Version - Page 1 of 2 (To be filled out by the CHILD)

Name: _____ Date: _____

Directions:

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 |
|-----|---|---|---|------------------------------------|
| 1. | When I feel frightened, it is hard for me to breathe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. | I get headaches when I am at school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. | I don't like to be with people I don't know well | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. | I get scared if I sleep away from home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. | I worry about other people liking me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. | When I get frightened, I feel like passing out | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. | I am nervous | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. | I follow my mother or father wherever they go | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. | People tell me that I look nervous | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. | I feel nervous with people I don't know well | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. | My I get stomachaches at school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. | When I get frightened, I feel like I am going crazy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. | I worry about sleeping alone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. | I worry about being as good as other kids | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. | When I get frightened, I feel like things are not real | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. | I have nightmares about something bad happening to my parents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. | I worry about going to school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. | When I get frightened, my heart beats fast | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. | I get shaky | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. | I have nightmares about something bad happening to me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Child Version - Page 2 of 2 (To be filled out by the CHILD)

| | | 0 Not True or Hardly Ever True | 1 Somewhat True or Sometimes True | 2 Very True or Often True |
|-----|---|---|---|------------------------------------|
| 21. | I worry about things working out for me | 0 | 0 | 0 |
| 22. | When I get frightened, I sweat a lot | 0 | 0 | 0 |
| 23. | I am a worrier | 0 | 0 | 0 |
| 24. | I get really frightened for no reason at all | 0 | 0 | 0 |
| 25. | I am afraid to be alone in the house | 0 | 0 | 0 |
| 26. | It is hard for me to talk with people I don't know well | 0 | 0 | 0 |
| 27. | When I get frightened, I feel like I am choking | 0 | 0 | 0 |
| 28. | People tell me that I worry too much | 0 | 0 | 0 |
| 29. | I don't like to be away from my family | 0 | 0 | 0 |
| 30. | I am afraid of having anxiety (or panic) attacks | 0 | 0 | 0 |
| 31. | I worry that something bad might happen to my parents | 0 | 0 | 0 |
| 32. | I feel shy with people I don't know well | 0 | 0 | 0 |
| 33. | I worry about what is going to happen in the future | 0 | 0 | 0 |
| 34. | When I get frightened, I feel like throwing up | 0 | 0 | 0 |
| 35. | I worry about how well I do things | 0 | 0 | 0 |
| 36. | I am scared to go to school | 0 | 0 | 0 |
| 37. | I worry about things that have already happened | 0 | 0 | 0 |
| 38. | When I get frightened, I feel dizzy | 0 | 0 | 0 |
| 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) | 0 | 0 | 0 |
| 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 | 0 | 0 | 0 |
| 41. | I am shy | 0 | 0 | 0 |

**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.*

Developed by Boris Birmaher, MD, Suneeta Khetarpal, MD, Marlane Cully, MEd, David Brent, MD, and Sandra McKenzie, PhD. Western Psychiatric Institute and Clinic, University of Pgh. (10/95). Email: birmaherb@msx.upmc.edu

Screen for Child Anxiety Related Disorders (SCARED)

Parent Version - Page 1 of 2 (To be filled out by the PARENT)

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 |
|-----|--|---|---|------------------------------------|
| 1. | When my child feels frightened, it is hard for him/her to breathe | 0 | 0 | 0 |
| 2. | My child gets headaches when he/she is at school | 0 | 0 | 0 |
| 3. | My child doesn't like to be with people he/she doesn't know well | 0 | 0 | 0 |
| 4. | My child gets scared if he/she sleeps away from home | 0 | 0 | 0 |
| 5. | My child worries about other people liking him/her | 0 | 0 | 0 |
| 6. | When my child gets frightened, he/she feels like passing out | 0 | 0 | 0 |
| 7. | My child is nervous | 0 | 0 | 0 |
| 8. | My child follows me wherever I go | 0 | 0 | 0 |
| 9. | People tell me that my child looks nervous | 0 | 0 | 0 |
| 10. | My child feels nervous with people he/she doesn't know well | 0 | 0 | 0 |
| 11. | My child gets stomachaches at school | 0 | 0 | 0 |
| 12. | When my child gets frightened, he/she feels like he/she is going crazy | 0 | 0 | 0 |
| 13. | My child worries about sleeping alone | 0 | 0 | 0 |
| 14. | My child worries about being as good as other kids | 0 | 0 | 0 |
| 15. | When he/she gets frightened, he/she feels like things are not real | 0 | 0 | 0 |
| 16. | My child has nightmares about something bad happening to his/her parents | 0 | 0 | 0 |
| 17. | My child worries about going to school | 0 | 0 | 0 |
| 18. | When my child gets frightened, his/her heart beats fast | 0 | 0 | 0 |
| 19. | He/she gets shaky | 0 | 0 | 0 |
| 20. | My child has nightmares about something bad happening to him/her | 0 | 0 | 0 |

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Parent Version - Page 2 of 2 (To be filled out by the PARENT)

| | | 0 Not True or Hardly Ever True | 1 Somewhat True or Sometimes True | 2 Very True or Often True |
|-----|---|---|---|------------------------------------|
| 21. | My child worries about things working out for him/her | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. | When my child gets frightened, he/she sweats a lot | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. | My child is a worrier | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. | My child gets really frightened for no reason at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. | My child is afraid to be alone in the house | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. | It is hard for my child to talk with people he/she doesn't know well | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. | When my child gets frightened, he/she feels like he/she is choking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. | People tell me that my child worries too much | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. | My child doesn't like to be away from his/her family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. | My child is afraid of having anxiety (or panic) attacks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. | My child worries that something bad might happen to his/her parents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. | My child feels shy with people he/she doesn't know well | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. | My child worries about what is going to happen in the future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. | When my child gets frightened, he/she feels like throwing up | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. | My child worries about how well he/she does things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. | My child is scared to go to school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. | My child worries about things that have already happened | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. | When my child gets frightened, he/she feels dizzy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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 (for example: read aloud, speak, play a game, play a sport) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. | My child is shy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Developed by Boris Birmaher, MD, Suneeta Khetarpal, MD, Marlane Cully, MEd, David Brent, MD, and Sandra McKenzie, PhD. Western Psychiatric Institute and Clinic, University of Pgh. (10/95). Email: birmaherb@msx.upmc.edu

SCARED Rating Scale Scoring Aide

Use with Parent and Child Versions

| Question | Panic/ Somatic | Generalized Anxiety | Separation | Social | School Avoidance |
|--------------|-------------------|------------------------|---------------|---------------|---------------------|
| 1 | | | | | |
| 2 | | | | | |
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| 38 | | | | | |
| 39 | | | | | |
| 40 | | | | | |
| 41 | | | | | |
| Total | | | | | |
| | Cutoff = 7 | Cutoff = 9 | Cutoff = 5 | Cutoff = 8 | Cutoff = 3 |

0 = not true or hardly true
 1 = somewhat true or sometimes true
 2 = very true or often true

SCORING

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**.

Total anxiety ≥ 25