

SCARED (Screen for Child Anxiety Related Disorders) - Youth version

Child's Name: _____ Date of Birth: _____

T1 T2 T3

Today's Date: _____

Directions: Please respond to each statement by circling one number per row.

| | | Not true or hardly ever true | Somewhat or sometimes true | Very true or often true |
|----|--|------------------------------------|----------------------------------|-------------------------------|
| 1 | When I feel frightened, it is hard to breathe. | 0 | 1 | 2 |
| 2 | I get headaches when I am at school. | 0 | 1 | 2 |
| 3 | I don't like to be with people I don't know well. | 0 | 1 | 2 |
| 4 | I get scared if I sleep away from home. | 0 | 1 | 2 |
| 5 | I worry about other people liking me. | 0 | 1 | 2 |
| 6 | When I get frightened, I feel like passing out. | 0 | 1 | 2 |
| 7 | I am nervous. | 0 | 1 | 2 |
| 8 | I follow my mother or father wherever they go. | 0 | 1 | 2 |
| 9 | People tell me I look nervous. | 0 | 1 | 2 |
| 10 | I feel nervous with people I don't know well. | 0 | 1 | 2 |
| 11 | I get stomachaches at school. | 0 | 1 | 2 |
| 12 | When I get frightened, I feel like I am going crazy. | 0 | 1 | 2 |
| 13 | I worry about sleeping alone. | 0 | 1 | 2 |
| 14 | I worry about being as good as other kids. | 0 | 1 | 2 |
| 15 | When I get frightened, I feel like things are not real. | 0 | 1 | 2 |
| 16 | I have nightmares about something bad happening to my parents. | 0 | 1 | 2 |
| 17 | I worry about going to school. | 0 | 1 | 2 |
| 18 | When I get frightened, my heart beats fast. | 0 | 1 | 2 |

| | | | | |
|----|--|---|---|---|
| 19 | I get shaky. | 0 | 1 | 2 |
| 20 | I have nightmares about something bad happening to me. | 0 | 1 | 2 |
| 21 | I worry about things working out for me. | 0 | 1 | 2 |
| 22 | When I get frightened, I sweat a lot. | 0 | 1 | 2 |
| 23 | I am a worrier. | 0 | 1 | 2 |
| 24 | I get really frightened for no reason at all. | 0 | 1 | 2 |
| 25 | I am afraid to be alone in the house. | 0 | 1 | 2 |
| 26 | It is hard for me to talk to people I don't know well. | 0 | 1 | 2 |
| 27 | When I get frightened, I feel like I am choking. | 0 | 1 | 2 |
| 28 | People tell me that I worry too much. | 0 | 1 | 2 |
| 29 | I don't like to be away from my family. | 0 | 1 | 2 |
| 30 | I am afraid of having anxiety (or panic) attacks. | 0 | 1 | 2 |
| 31 | I worry that something bad might happen to my parents. | 0 | 1 | 2 |
| 32 | I feel shy with people I don't know well. | 0 | 1 | 2 |
| 33 | I worry about what is going to happen in the future. | 0 | 1 | 2 |
| 34 | When I get frightened, I feel like throwing up. | 0 | 1 | 2 |
| 35 | I worry about how well I do things. | 0 | 1 | 2 |
| 36 | I am scared to go to school. | 0 | 1 | 2 |
| 37 | I worry about things that have already happened. | 0 | 1 | 2 |
| 38 | When I get frightened, I feel dizzy. | 0 | 1 | 2 |
| 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 | 1 | 2 |
| 40 | I feel nervous about going to parties, dances, or any place where there will be people that I don't know well. | 0 | 1 | 2 |
| 41 | I am shy. | 0 | 1 | 2 |