

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. | 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.*

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SCARED Rating Scale Scoring Aide

Use with Parent and Child Versions

| Question | Panic/ Somatic | Generalized Anxiety | Separation | Social | School Avoidance |
|--------------|-------------------|------------------------|---------------|---------------|---------------------|
| 1 | | | | | |
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| 37 | | | | | |
| 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