



Screen for Child Anxiety Related Emotional Disorders (SCARED) Scale
Parent Version

DATE/TIME: _____

	Not true or hardly ever true	Somewhat or sometimes true	Very true or often true
1. When my child feels frightened, it is hard for him/her to breath.	0	1	2
2. My child gets headaches when he/she is at school.	0	1	2
3. My child doesn't like to be with people he/she doesn't know well.	0	1	2
4. My child gets scared if he/she sleeps away from home.	0	1	2
5. My child worries about other people liking him/her.	0	1	2
6. When my child gets frightened, he/she feels like passing out.	0	1	2
7. My child is nervous.	0	1	2
8. My child follows me wherever I go (he/she is like my "shadow").	0	1	2
9. People tell my child that he/she looks nervous.	0	1	2
10. My child feels nervous with people he/she doesn't know well.	0	1	2
11. My child gets stomachaches at school.	0	1	2
12. When my child gets frightened, he/she feels like he/she is going crazy.	0	1	2
13. My child worries about sleeping alone.	0	1	2
14. My child worries about being as good as other kids.	0	1	2
15. When my child gets frightened, he/she feels like things are not real.	0	1	2



16. My child has nightmares about something bad happening to his/her parents.	0	1	2
17. My child worries about going to school.	0	1	2
18. When my child gets frightened, his/her heart beats fast.	0	1	2
19. My child gets shaky.	0	1	2
20. My child has nightmares about something bad happening to him/herself.	0	1	2
21. My child worries about things working out for him/her.	0	1	2
22. When my child gets frightened he/she sweats a lot.	0	1	2
23. My child is a worrier.	0	1	2
24. My child gets really frightened for no reason at all.	0	1	2
25. My child is afraid to be alone in the house.	0	1	2
26. It is hard for my child to talk with people he/she doesn't know well.	0	1	2
27. When my child gets frightened he/she feels like he/she is choking.	0	1	2
28. People tell my child that he/she worries too much.	0	1	2
29. My child doesn't like to be away from his/her family.	0	1	2
30. My child is afraid of having anxiety (or panic) attacks.	0	1	2
31. My child worries that something bad might happen to his/her parents.	0	1	2
32. My child feels shy with people he/she doesn't know well.	0	1	2
33. My child worries about what is going to happen in the future.	0	1	2



34. When my child gets frightened, he/she feels like throwing up.	0	1	2
35. My child worries about how well he/she does things.	0	1	2
36. My child is scared to go to school.	0	1	2
37. My child worries about things that have already happened.	0	1	2
38. When my child gets frightened, he/she feels dizzy.	0	1	2
39. My child feels nervous when he/she is with other children or adults and has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport).	0	1	2
40. My child feels nervous about going to parties, dances, or any place where there will be people he/she does not know well.	0	1	2
41. My child is shy.	0	1	2

Signature: _____

Relationship to patient: _____

Date/Time: _____

Interpreter (as applicable): _____