

## Screen for Child Anxiety Related Disorders (SCARED)

### PARENT Version—Page 1 of 2 (to be filled out by the PARENT)

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See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.

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

**Screen for Child Anxiety Related Disorders (SCARED)**  
**PARENT Version—Page 2 of 2 (to be filled out by the RCTGP V)**

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. O {"ej kf "y qttlgu about things working out for j ko lj gt.	O	O	O	GD
22. When o {"ej kf getu frightened, j gluj g sweatu a lot.	O	O	O	PN
23. O {"ej kf "ku a worrier.	O	O	O	GD
24. O {"ej kf "getu really frightened for no reason at all.	O	O	O	PN
25. O {"ej kf "ku afraid to be alone in the house.	O	O	O	SP
26. It is hard for m{"ej kf to talk with people j gluj g dogun't know well.	O	O	O	SC
27. When o {"ej kf getu frightened, j gluj g feelu like j gluj g "ku choking.	O	O	O	PN
28. People tell me that o {"ej kf worrlgu too much.	O	O	O	GD
29. O {"ej kf "f qgup)like to be away from j kulj gt family.	O	O	O	SP
30. O {"ej kf "ku afraid of having anxiety (or panic) attacks.	O	O	O	PN
31. O {"ej kf worrlgu that something bad might happen to j kulj gt parents.	O	O	O	SP
32. O {"ej kf feelu shy with people j gluj g dogun't know well.	O	O	O	SC
33. O {"ej kf "worrlgu about what is going to happen in the future.	O	O	O	GD
34. When o {"ej kf getu frightened, j gluj g feelu like throwing up.	O	O	O	PN
35. O {"ej kf worrlgu about how well j gluj g dogu things.	O	O	O	GD
36. O {"ej kf ku scared to go to school.	O	O	O	SH
37. O {"ej kf "y qttlgu about things that have already happened.	O	O	O	GD
38. When o {"ej kf getu frightened, j gluj g feelu dizzy.	O	O	O	PN
39. O {"ej kf feelu nervous when j gluj g "ku with other children or adults cpf "j gluj g "j cu "q "f q "something while they watch j ko lj gt (for example: tgcf "crqwf . "ur gcm "r r { "c "game, play a sport).	O	O	O	SC
40. O {"ej kf feelu nervous when j gluj g "ku going to parties, dances, or any r neg "y j gtg "y gtg "y kn "dg "people that j gluj g dogun't know well.	O	O	O	SC
41. O {"ej kf "ku shy.	O	O	O	SC

**SCORING:**

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. **TOTAL =**

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**. **PN =**

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**. **GD =**

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety SOC**. **SP =**

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**. **SC =**

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. **SH =**

## Scoring Sheet for SCARED ANXIETY QUESTIONNAIRE

In the table below, enter the score for each question to the right of the question number. Add the scores in each column and enter the total at the bottom of the column. Add the scores across the "TOTAL" row to calculate the overall score.

Panic Disorder or Significant Somatic Symptoms		Generalized Anxiety Disorder		Separation Anxiety Disorder		Social Anxiety Disorder		Significant School Avoidance		
Question Number	Score	Question Number	Score	Question Number	Score	Question Number	Score	Question Number	Score	
#1		#5		#4		#3		#2		
#6		#7		#8		#10		#11		
#9		#14		#13		#26		#17		
#12		#21		#16		#32		#36		
#15		#23		#20		#39				
#18		#28		#25		#40				
#19		#33		#29		#41				
#22		#35		#31						
#24		#37								
#27										
#30										
#34										
#38										
<b>TOTAL</b>	=	+	=	+	=	+	=	+	=	<b>Overall Score</b>

A total score of **≥25** may indicate the presence of an **Anxiety Disorder**. Scores higher than 40 are more specific.

TOTAL =

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**.

PN =

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

GD =

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

SP =

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

SC =

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

SH =