



# Screen for Child Anxiety Related Disorders (SCARED-Caregiver)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MR#: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

## Instructions

Below is a list of statements that describe how people feel. Read each phrase and decide if it is "not true or hardly ever true," "somewhat true or sometimes true," or "very true or often true" for your child. Then, for each statement, write the number that corresponds to the response that seems to describe your child for the **last 3 months**.

## Rating Scale

- 0 = Not true or hardly ever true
- 1 = Somewhat true or sometimes true
- 2 = Very true or often true

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

22. When my child gets frightened, s/he sweats a lot.	<input type="text"/>
23. My child is a worrier.	<input type="text"/>
24. My child gets really frightened for no reason at all.	<input type="text"/>
25. My child is afraid to be alone in the house.	<input type="text"/>
26. It is hard for my child to talk with people s/he doesn't know well.	<input type="text"/>
27. When my child gets frightened, s/he feel like s/he is choking.	<input type="text"/>
28. People tell me that my child worries too much.	<input type="text"/>
29. My child doesn't like to be away from his/her family.	<input type="text"/>
30. My child is afraid of having anxiety (or panic) attacks.	<input type="text"/>
31. My child worries that something bad might happen to his/her parents.	<input type="text"/>
32. My child feels shy with people s/he doesn't know well.	<input type="text"/>
33. My child worries about what is going to happen in the future.	<input type="text"/>
34. When my child gets frightened, s/he feels like throwing up.	<input type="text"/>
35. My child worries about how well s/he does things.	<input type="text"/>
36. My child is scared to go to school.	<input type="text"/>
37. My child worries about things that have already happened.	<input type="text"/>
38. When my child gets frightened, s/he feels dizzy.	<input type="text"/>
39. My child feels nervous when s/he is with other children or adults, and s/he has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport).	<input type="text"/>
40. My child feels nervous when s/he is going to parties, dances, or any place where there will be people that s/he doesn't know well.	<input type="text"/>
41. My child is shy.	<input type="text"/>

**OFFICE USE ONLY**

Total Score	<input type="text"/>
Sum of items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38	<input type="text"/>
Sum of items 5, 7, 14, 21, 23, 28, 33, 35, 37	<input type="text"/>
Sum of items 4, 8, 13, 16, 20, 25, 29, 31	<input type="text"/>
Sum of items 3, 10, 26, 32, 39, 40, 41	<input type="text"/>
Sum of items 2, 11, 17, 36	<input type="text"/>

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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.