

**SELF-REPORT FOR CHILDHOOD ANXIETY RELATED DISORDERS
(SCARED)**

CHILD FORM (8 years and older*)

Name: _____ Date: _____

Identification #: _____

Below is a list of items that describe how people feel. For each item that describes you, please circle the **2** if the item is **very true or often true** of you. Circle the **1** if the item is **somewhat or sometimes true** of you. If the item is **not true** of you, please circle the **0**. Please answer all items as well as you can, even if some do not seem to concern you.

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 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 that I look nervous.	0 1 2
10	I feel nervous with people I don't know well.	0 1 2
11	I get stomach aches 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

PLEASE COMPLETE THE NEXT PAGE

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

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 with 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 do not 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

****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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