

Name: _____

Date: _____

Child Name: _____

Child Age: _____

SCARED: Parent Version

Below is a list of statements that describe how people feel. Decide if it is "Not True or Hardly Ever True", or "Somewhat True or Sometimes True", or "Very True or Very Often True" for your child. Then, for each sentence, choose the answer that seems to describe your child now. Please answer 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
My child gets really frightened for no reason at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is afraid to be alone in the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People tell me that my child worries too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is scared to go to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score _____

Below is another list of statements. Think about each statement carefully 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 tell me the answer that seems to describe your child now. Please answer 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
My child has scary dreams about a very bad thing that once happened to him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child tries not to think about a very bad thing that once happened to him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child gets scared when he/she thinks back on a very bad think that once happened to him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child keeps thinking about a very bad thing that once happened to him/her, even when he/she doesn't want to think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score _____

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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.