

Child: \_\_\_\_\_

Child age \_\_\_\_\_

Caregiver: \_\_\_\_\_

Date: \_\_\_\_\_

### SCARED Brief Assessment of Anxiety and PTS Symptoms (ages 7-17)

Below is a list of statements that describe how people feel. 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 you. Then for each statement, choose the answer that seems to describe you **now**. Please answer all statements as well as you can, even if some do not seem to concern you.

	<b>0 Not True or Hardly Ever True</b>	<b>1 Somewhat True or Sometimes True</b>	<b>2 Very True or Often True</b>
I get really frightened for no reason at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid to be alone in the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People tell me that I worry too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am scared to go to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score \_\_\_\_\_

Below is another list of statements. Think about the 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 you. Choose the answer that seems to describe you **now**. Please answer all statements as well as you can, even if some do not seem to concern you.

	<b>0 Not True or Hardly Ever True</b>	<b>1 Somewhat True or Sometimes True</b>	<b>2 Very True or Often True</b>
I have scary dreams about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try not to think about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get scared when I think back on a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep thinking about a very bad thing that once happened to me, even when I don't want to think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score \_\_\_\_\_

Screen for Child Anxiety Related Emotional Disorders  
 Muris, P, Merckelbach, H. ,& Korver, P., & Meesters, C. (2000).

**SCARED Scoring:**

**SCARED brief version:**

**Assesses anxiety and posttraumatic stress symptoms ( ages 7-18)**

**Anxiety: 3+ = clinical**

**PTSD: 6+ = clinical**