

SELF-REPORT FOR CHILDHOOD ANXIETY RELATED DISORDERS (SCARED)

PARENT FORM

DATE: _____

Last Name: _____ First name _____

Below is a list of items that describe how people feel. For each item that describes your child, please circle the 2 if the item is **very true or often true** of your child. Circle the 1 if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, please circle the 0. Please answer all of the items as well as your child 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.	0	1	2
2	My child gets headaches when he/she is at school.	0	1	2
3	My child does n't like to be with people he/she does n't know well.	0	1	2
4	My child gets scared if he/she sleeps away from home.	0	1	2
5	My child worries about other people liking him/her.	0	1	2
6	When my child gets frightened, he/she feels like passing out.	0	1	2
7	My child is nervous.	0	1	2
8	My child follows me wherever I go.	0	1	2
9	People tell my child that she looks nervous.	0	1	2
10	My child feels nervous with people he/she does n't know well.	0	1	2
11	My child gets stomachaches at school.	0	1	2
12	When my child gets frightened, my child feels like he/she is going crazy.	0	1	2
13	My child worries about sleeping alone.	0	1	2
14	My child worries about being as good as other kids.	0	1	2

0 = Not True or Hardly Ever True
 2= Very True or Often true

1= Somewhat True or Sometimes True

15	When my child gets frightened, he/she feels like things are not real.	0	1	2
16	My child has nightmares about something bad happening to my parents.	0	1	2
17	My child worries about going to school.	0	1	2
18	When my child gets frightened, he/her heart beats fast.	0	1	2
19	My child gets shaky.	0	1	2
20	My child has nightmares about something happening to him/herself.	0	1	2
20	My child worries about things working out for him/her.	0	1	2
22	When my child gets frightened, he/she sweats a lot.	0	1	2
23	My child is a worrier.	0	1	2
24	My child gets really frightened for no reason at all.	0	1	2
25	My child is afraid to be alone in the house.	0	1	2
26	It is hard for my child to talk with people he/she does n't know well.	0	1	2
27	When my child gets frightened, he/she feels he/she is choking.	0	1	2
28	People tell my child that he/she worries too much.	0	1	2
29	My child does n't like to be away from his/her family.	0	1	2
30	My child is afraid of having anxiety (or panic) attacks.	0	1	2
31	My child worries that something bad might happen to his/her parents.	0	1	2
32	My child feels shy with people he/she does n't know well.	0	1	2
33	My child worries about what is going to happen in the future.	0	1	2
34	When my child gets frightened, he/she feels like throwing up.	0	1	2
35	My child worries about how well he/she does things.	0	1	2
36	My child is scared to go to school.	0	1	2
37	My child worries about things that have already happened.	0	1	2
38	When my child gets frightened, he/she feels dizzy.	0	1	2
39	My child feels nervous when he/she is with other children or adults and has to do something while they watch him/her) for example: read aloud, speak, play a game, play a sport.)	0	1	2
40	My child feels nervous about going to parties, dances or any place where there will be people that he/she does n't know well.	0	1	2
41	My child is shy.	0	1	2