



# Emily

8 yo girl who is brought in because of stomach aches, GI w/u (-), increase in school avoidance, maintaining grades, frequent reassurance seeking, okay at home and with small group of friends.

During office visit, she is quiet, but smiles easily, PE is unremarkable, no known trauma/loss

## Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 1 of 2 (To be filled out by the CHILD)

Name: \_\_\_\_\_

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

### Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

	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.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6. When I get frightened, I feel like passing out.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. People tell me that I look nervous.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12. When I get frightened, I feel like I am going crazy.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I worry about sleeping alone.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15. When I get frightened, I feel like things are not real.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have nightmares about something bad happening to my parents.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
19. I get shaky.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
20. I have nightmares about something bad happening to me.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 2 of 2 (To be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22. When I get frightened, I sweat a lot.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am a worrier.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. I get really frightened for no reason at all.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am afraid to be alone in the house.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. When I get frightened, I feel like I am choking.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that I worry too much.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
29. I don't like to be away from my family.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am afraid of having anxiety (or panic) attacks.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I worry that something bad might happen to my parents.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel shy with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
34. When I get frightened, I feel like throwing up.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I worry about how well I do things.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36. I am scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37. I worry about things that have already happened.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. When I get frightened, I feel dizzy.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I am shy.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### **SCORING:**

A total score of **≥ 25** may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

*\*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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A clean version of this document can be found on the Project Teach website,  
<https://projectteachny.org>, under Child Rating Scales, Anxiety.