

SCARED Questionnaire – Children/Adolescents

Child Name: _____ Date: _____

Directions:			,		For Office Use Only				
•	Below is a list of statements that describe how								
	people feel.				1	2	3	4	5
•	Read each statement carefully and decide if is								
6	Not True or Hardly Ever True" or "Somewhat	0	1	2					
-	True or Sometimes True" or "Very True or Often		_						
	True" for you.	Not	Somewhat True or	Very					
•	Then for each statement, fill in one circle that	True or	Sometimes	True or					
	corresponds to the response that seems to	Hardly	True	Often					
	describe you for the last 3 months.	Ever	1140	True					
•	Please respond to all statements as well as you	True							
(can, even if some do not seem to concern you.								
1.	When I feel frightened, it is hard to breathe.	0	0	0					
2.	I get headaches when I am at school.	0	0	0					
3.	I don't like to be with people I don't know well.	0	0	0					
4.	I get scared if I sleep away from home.	0	0	0					
5.	I worry about other people liking me.	0	0	0					
6.	When I get frightened, I feel like passing out.	0	0	0					
7.	I am nervous.	0	0	0					
8.	I follow my mother or father wherever they go.	0	0	0					
9.	People tell me that I look nervous.	0	0	0					
10	I feel nervous with people I don't know well.	0	0	0					
. 11	I get stomachaches at school.	0	0	0					
. 12	When I get frightened, I feel like I am going crazy.	0	0	0					
13	I worry about sleeping alone.	0	0	0					
. 14	I worry about being as good as other kids.	0	0	0					
15	When I get frightened, I feel like things are not real.	0	0	0					
16	I have nightmares about something bad happening to my parents.	0	0	0					
17	I worry about going to school.	0	0	0					
18	When I get frightened, my heart beats fast.	0	0	0					
19	I get shaky.	0	0	0					
20	I have nightmares about something bad happening to me.	0	0	0					

21	I worry about things working out for me.	0	0	0					
22	When I get frightened, I sweat a lot.	0	0	0					
23	I am a worrier.	0	0	0					
24	I get really frightened for no reason at all.	0	0	0					
25	I am afraid to be alone	0	0	0					
26	It is hard for me to talk with people I don't know well.	0	0	0					
27	When I get frightened, I feel like I am choking.	0	0	0					
28	People tell me that I worry too much.	0	0	0					
29	I don't like to be away from my family.	0	0	0					
30	I am afraid of having anxiety (or panic) attacks.	0	0	0					
31	I worry that something bad might happen to my parents.	0	0	0					
32	I feel shy with people I don't know well.	0	0	0					
33	I worry about what is going to happen in the future.	0	0	0					
34	When I get frightened, I feel like throwing up.	0	0	0					
35	I worry about how well I do things.	0	0	0					
36	I am scared to go to school.	0	0	0					
37	I worry about things that have already happened.	0	0	0					
38	When I get frightened, I feel dizzy.	0	0	0					
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	0	0					
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.	0	0	0					
41	I am shy.	0	0	0					
					1	2	3	4	5