

SCARED Questionnaire - Parents

Child Name: _	Date:
Parent Name:	
Relationship: ˌ	

Dire	ections:				For	Offi	ce U	se C	nly
	Below is a list of statements that describe how					T			
	people feel.Read each statement carefully and decide if is		1	2	1	2	3	4	5
	"Not True or Hardly Ever True" or "Somewhat		·	_					
	True or Sometimes True" or "Very True or Often	Not True	Somewhat	Very					
	True" for your child.		True or Sometimes	True or					
•	Then for each statement, fill in one circle that	or Hardly	True	Often					
	corresponds to the response that seems to			True					
	describe your child for the last 3 months.	True							
	Please respond to all statements as well as you								
	can, even if some do not seem to concern your								
	child.		0						
1.	When my child feels frightened, it is hard for him/her to breathe.	0	0	0					
2.	My child gets headaches when he/she is at	0	0	0					
	school.								
3.	My child doesn't like to be with people he/she	0	0	0					
	doesn't know well.								
4.	My child gets scared if he/she sleeps away from	0	0	0					
_	home.								
5.	My child worries about other people liking him/her.	0	0	0					
6.	When my child gets frightened, he/she feels like passing out.	0		0					
7.	My child is nervous.	0	0	0					
8.	My child follows me wherever I go.	0	0	0					
9.	People tell me that my child looks nervous.	0	0	0					
10.	My child feels nervous with people he/she doesn't	0	0	0					
	know well.								
11.	My child gets stomachaches at school.	0	0	0					
12.	When my child gets frightened, he/she feels like	0	0	0					
	he/she is going crazy.								
13.	My child worries about sleeping alone.	0	0	0					
14.	My child worries about being as good as other	0	0	0					
15.	kids. When my child gets frightened, he/she feels like	0	0	0					
15.	things are not real.								
16.	My child has nightmares about something bad	0	0	0					
	happening to his/her parents.								
17.	My child worries about going to school.	0	0	0					

18.	When my child gets frightened, his/her heart beats	0	0	0					
10.	fast.	O	O						
19.	He/she get shaky.	0	0	0					
20.	My child has nightmares about something bad	0	0	0					
	happening him/her.								
21.	My child worries about things working out for	0	0	0					
	him/her.								
22.	When my child gets frightened, he/she sweats a	0	0	0					
	lot.								
23.	My child is a worrier.	0	0	0					
24.	My child gets really frightened for no reason at all.	0	0	0					
25.	My child is afraid to be alone in the house.	0	0	0					
26.	It is hard for my child to talk with people he/she	0	0	0					
	doesn't know well.								
27.	When my child gets frightened, he/she feels like	0	0	0					
	he/she is choking.								
28.	People tell me that my child worries too much.	0	0	0					
29.	My child doesn't like to be away from his/her	0	0	0					
	family.								
30.	My child is afraid of having anxiety (or panic)	0	0	0					
	attacks.	_							
31.	My child worries that something bad might happen	0	0	0					
00	to his/her parents.	0							
32.	My child feels shy with people he/she doesn't know well.	0	0	0					
33.		0	0	0					
აა.	My child worries about what is going to happen in the future.	U	O	U					
34.	When my child gets frightened, he/she feels like	0	0	0					
J 4 .	throwing up.	O	O						
35.	My child worries about how well he/she does	0	0	0					
00.	things.	O	Ü						
36.	My child is scared to go to school.	0	0	0					
37.	My child worries about things that have already	0	0	0					
	happened.		_						
38.	When my child gets frightened, he/she feels dizzy.	0	0	0					
39.	My child feels nervous when he/she is with other	0	0	0					
	children or adults and he/she has to do something								
	while they watch him/her (for example: read								
	aloud, speak, play a game, play a sport.)								
40.	My child feels nervous when he/she is going to	0	0	0					
	parties, dances, or any place where there will be								
	people that he/she doesn't know well.								
41.	My child is shy.	0	0	0					
					1	2	3	4	5