

## SCARED Questionnaire – Parents

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

<b>Directions:</b> <ul style="list-style-type: none"> <li>Below is a list of statements that describe how people feel.</li> <li>Read each statement carefully and decide if is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child.</li> <li>Then for each statement, fill in one circle that corresponds to the response that seems to describe your child for the <b>last 3 months</b>.</li> <li>Please respond to all statements as well as you can, even if some do not seem to concern your child.</li> </ul>		For Office Use Only								
		0	1	2	1	2	3	4	5	
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.	○	○	○						
2.	My child gets headaches when he/she is at school.	○	○	○						
3.	My child doesn't like to be with people he/she doesn't know well.	○	○	○						
4.	My child gets scared if he/she sleeps away from home.	○	○	○						
5.	My child worries about other people liking him/her.	○	○	○						
6.	When my child gets frightened, he/she feels like passing out.	○	○	○						
7.	My child is nervous.	○	○	○						
8.	My child follows me wherever I go.	○	○	○						
9.	People tell me that my child looks nervous.	○	○	○						
10.	My child feels nervous with people he/she doesn't know well.	○	○	○						
11.	My child gets stomachaches at school.	○	○	○						
12.	When my child gets frightened, he/she feels like he/she is going crazy.	○	○	○						
13.	My child worries about sleeping alone.	○	○	○						
14.	My child worries about being as good as other kids.	○	○	○						
15.	When my child gets frightened, he/she feels like things are not real.	○	○	○						
16.	My child has nightmares about something bad happening to his/her parents.	○	○	○						
17.	My child worries about going to school.	○	○	○						

