

Screen for Child Anxiety Related Disorders (SCARED)

CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

Developed by Boris Birmaher, M D , Suneeta Khetarpal, M D., Marlane Cully, M Ed , David Brent, M D., and Sandra McKenzie, Ph D ,
Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995) E-mail birmaherb@upmc.edu

See Birmaher, B., Brent, D A , Chiappetta, L , Bridge, J , Monga, S , & Baugher, M (1999) Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED) a replication study *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6

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

Screen for Child Anxiety Related Disorders (SCARED)

Parent Version—Pg. 1 of 2 (To be filled out by the PARENT)

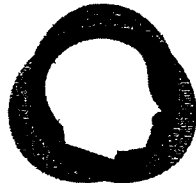
Name: _____

Date: _____

Directions

Below is a list of statements that describe how people feel. Read each statement carefully and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then for each statement, fill in one circle that corresponds to the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 My child gets headaches when he/she is at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 My child doesn't like to be with people he/she doesn't know well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child gets scared if he/she sleeps away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 My child worries about other people liking him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 When my child gets frightened, he/she feels like passing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 My child is nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My child follows me wherever I go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 People tell me that my child looks nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 My child feels nervous with people he/she doesn't know well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 My child gets stomachaches at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 When my child gets frightened, he/she feels like he/she is going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My child worries about sleeping alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My child worries about being as good as other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 When he/she gets frightened, he/she feels like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 My child has nightmares about something bad happening to his/her parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 My child worries about going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 When my child gets frightened, his/her heart beats fast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 He/she gets shaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 My child has nightmares about something bad happening to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Mood and Feelings Questionnaire: Parent Report (MFQ-Parent)

Instructions.

These questions are about how your child might have been feeling or acting recently. For each question, please check how s/he has been feeling or acting in the past two weeks.

- If a sentence was not true about your child, check NOT TRUE.
- If a sentence was only sometimes true, check SOMETIMES
- If a sentence was true about your child most of the time, check TRUE.

	Not True	Sometimes	True
1 S/he felt miserable or unhappy.	0	1	2
2 S/he didn't enjoy anything at all	0	1	2
3 S/he felt so tired that s/he just sat around and did nothing	0	1	2
4 S/he was very restless.	0	1	2
5 S/he felt s/he was no good anymore	0	1	2
6 S/he cried a lot.	0	1	2
7 S/he found it hard to think properly or concentrate.	0	1	2
8 S/he hated him/herself.	0	1	2
9 S/he felt s/he was a bad person.	0	1	2
10 S/he felt lonely.	0	1	2
11 S/he thought nobody really loved him/her.	0	1	2
12 S/he thought s/he could never be as good as other kids.	0	1	2
13 S/he felt s/he did everything wrong	0	1	2

DARTMOUTH-HITCHCOCK MEDICAL CENTER

Parent Vanderbilt Rating Scale

Child's name: _____

Date of birth: _____ Age: _____ Date: _____

Each rating should be based on what is appropriate for the age of your child. Please rate child's behaviors observed in the past 6 months, using these frequency codes

0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

		Never	Occasionally	Often	Very Often
1	Does not pay attention to details or makes careless mistakes (like with homework)	0	1	2	3
2	Has difficulty sustaining attention to what needs to be done	0	1	2	3
3	Does not seem to listen when spoken to directly	0	1	2	3
4	Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5	Has difficulty organizing tasks and activities	0	1	2	3
6	Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7	Loses things necessary for tasks or activities (toys, assignments, pencils, or	0	1	2	3
8	Is easily distracted by noises or other stimuli	0	1	2	3
9	Is forgetful in daily activities.	0	1	2	3
10	Fidgets with hands or feet or squirms in seat	0	1	2	3
11	Leaves seat when remaining seated is expected.	0	1	2	3
12	Runs or climbs too much when remaining seated is expected	0	1	2	3
13	Has difficulty playing quietly or beginning quiet play activities.	0	1	2	3
14	Is "on the go" or acts as if "driven by a motor"	0	1	2	3
15	Talks too much.	0	1	2	3
16	Blurts out answers before the questions have been completed	0	1	2	3
17	Has difficulty waiting his or her turn	0	1	2	3
18	Interrupts or intrudes in others' conversations and/or activities	0	1	2	3
19	Argues with adults.	0	1	2	3
20	Loses temper	0	1	2	3
21	Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22	Deliberately annoys people.	0	1	2	3
23	Blames others for his or her mistakes or misbehaviors.	0	1	2	3
24	Is touchy or easily annoyed by others.	0	1	2	3
25	Is angry or resentful	0	1	2	3
26	Is spiteful and wants to get even	0	1	2	3
27	Bullies, threatens, or intimidates others	0	1	2	3
28	Starts physical fights	0	1	2	3
29	Lies to obtain goods or to avoid obligations (ie "cons" others)	0	1	2	3
30	Is truant from school (skips school) without permission.	0	1	2	3
31	Is physically cruel to people.	0	1	2	3
32	Has stolen things that have value.	0	1	2	3
33	Deliberately destroys others' property	0	1	2	3
34	Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35	Is physically cruel to animals	0	1	2	3
36	Has deliberately set fires to cause damage.	0	1	2	3
37	Has broken into someone else's home, business, or car	0	1	2	3
38	Has stayed out at night without permission	0	1	2	3
39	Has run away from home overnight.	0	1	2	3
40	Has forced someone into sexual activity	0	1	2	3
41	Is fearful, anxious, or worried	0	1	2	3
42	Is afraid to try new things for fear of making mistakes.	0	1	2	3
43	Feels worthless or inferior.	0	1	2	3
44	Blames self for problems, feels guilty	0	1	2	3
45	Feels lonely, unwanted or unloved, says that "no one loves" him/her	0	1	2	3
46	Is sad, unhappy, or depressed	0	1	2	3
47	Is self-conscious or easily embarrassed	0	1	2	3

DARTMOUTH-HITCHCOCK MEDICAL CENTER

Teacher Vanderbilt Rating Scale

Child's name: _____ DOB: _____

Teacher: _____ Class(es): _____ Date: _____

Please rate this student's behaviors, in the context of what is appropriate for his/her age.
Please use these frequency codes:

0 = Never 1 = Occasionally 2 = Often 3 = Very Often

	Never	Occasionally	Often	Very Often
1	0	1	2	3
2	0	1	2	3
3	0	1	2	3
4	0	1	2	3
5	0	1	2	3
6	0	1	2	3
7	0	1	2	3
8	0	1	2	3
9	0	1	2	3
10	0	1	2	3
11	0	1	2	3
12	0	1	2	3
13	0	1	2	3
14	0	1	2	3
15	0	1	2	3
16	0	1	2	3
17	0	1	2	3
18	0	1	2	3
19	0	1	2	3
20	0	1	2	3
21	0	1	2	3
22	0	1	2	3
23	0	1	2	3
24	0	1	2	3
25	0	1	2	3
26	0	1	2	3
27	0	1	2	3
28	0	1	2	3
29	0	1	2	3
30	0	1	2	3
31	0	1	2	3
32	0	1	2	3
33	0	1	2	3
34	0	1	2	3
35	0	1	2	3

Academic and Behavioral Performance Ratings:

Please feel free to add comments to the back of this questionnaire if you wish.
Thanks for your help in assessing this student!!

	Excellent	Average	Problematic		
36	1	2	3	4	5
37	1	2	3	4	5
38	1	2	3	4	5
39	1	2	3	4	5
40	1	2	3	4	5
41	1	2	3	4	5
42	1	2	3	4	5
43	1	2	3	4	5