

Caregiver _____ Child: _____ Date: _____

SCARED Brief Assessment-Caregiver

Anxiety

Here is a list of sentences that describe how people feel. Decide if it is "Not True or Hardly Ever True", or "Somewhat True or Sometimes True", or "Very True or Very Often True" for your child. Then, for each sentence, choose the answer that seems to describe your child for the last 3 months.

| | 0 Not True or Hardly Ever True | 1 Somewhat True or Sometimes True | 2 Very True or Often True |
|---|---|--|--|
| My child gets really frightened for no reason at all. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child is afraid to be alone in the house. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People tell me that my child worries too much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child is scared to go to school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child is shy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Anxiety 3+ = clinical

Score _____

Posttraumatic Stress

Here is a list of sentences that describe how people feel. Decide if it is "Not True or Hardly Ever True", or "Somewhat True or Sometimes True", or "Very True or Very Often True" for your child. Then, for each sentence, choose the answer that seems to describe your child for the last 3 months.

| | 0 Not True or Hardly Ever True | 1 Somewhat True or Sometimes True | 2 Very True or Often True |
|--|---|--|--|
| My child has scary dreams about a very bad thing that once happened to her/him.. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child tries not to think about a very bad thing that once happened to her/him. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child gets scared when s/he think back on a very bad thing that once happened to her/him. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child keeps thinking about a very bad thing that once happened to her/him, even when s/he don't want to think about it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PTS 6+ = clinical

Score _____