

Child: _____

Child age _____

Caregiver: _____

Date: _____

SCARED Brief Assessment of Anxiety and PTS Symptoms (ages 7-17)

I'm going to read you a list of statements that describe how people feel. Think about each statement carefully and decide if it is "Not True or Hardly Ever True," "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then for each statement, tell me the answer that seems to describe you now. Please answer all statements as well as you can, even if some do not seem to concern you.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
I get really frightened for no reason at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid to be alone in the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People tell me that I worry too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am scared to go to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score _____

Now I'm going to read you another list of statements. Think about the statement carefully and decide if it is "Not True or Hardly Ever True", "Somewhat True or Sometimes True", or Very True or Often True " for you. Then tell me the answer that seems to describe you now. Please answer all statements as well as you can, even if some do not seem to concern you.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
I have scary dreams about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try not to think about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get scared when I think back on a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep thinking about a very bad thing that once happened to me, even when I don't want to think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score _____

Screen for Child Anxiety Related Emotional Disorders
Muris, P, Merckelbach, H. ,& Korver, P., & Meesters, C. (2000).

SCARED Scoring:

SCARED brief version:

Assesses anxiety and posttraumatic stress symptoms (ages 7-18)

Anxiety: 3+ = clinical

PTSD: 6+ = clinical