

Screen for Child Anxiety Related Disorders (SCARED)

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

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 your child. Then, for each statement, check ☒ the box 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.				PA/SO
2. My child gets headaches when he/she is at school.				SCH
3. My child doesn't like to be with people he/she doesn't know well.				SOC
4. My child gets scared if he/she sleeps away from home.				SEP
5. My child worries about other people liking him/her.				GA
6. When my child gets frightened, he/she feels like passing out.				PA/SO
7. My child is nervous.				GA
8. My child follows me wherever I go.				SEP
9. People tell me that my child looks nervous.				PA/SO
10. My child feels nervous with people he/she doesn't know well.				SOC
11. My child gets stomachaches at school.				SCH
12. When my child gets frightened, he/she feels like he/she is going crazy.				PA/SO
13. My child worries about sleeping alone.				SEP
14. My child worries about being as good as other kids.				GA
15. When my child gets frightened, he/she feels like things are not real.				PA/SO
16. My child has nightmares about something bad happening to his/her parents.				SEP
17. My child worries about going to school.				SCH
18. When my child gets frightened, his/her heart beats fast.				PA/SO
19. He/she gets shaky.				PA/SO
20. My child has nightmares about something bad happening to him/her.				SEP

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	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. My child worries about things working out for him/her.				GA
22. When my child gets frightened, he/she sweats a lot.				PA/SO
23. My child is a worrier.				GA
24. My child gets really frightened for no reason at all.				PA/SO
25. My child is afraid to be alone in the house.				SEP
26. It is hard for my child to talk with people he/she doesn't know well.				SOC
27. When my child gets frightened, he/she feels like he/she is choking.				PA/SO
28. People tell me that my child worries too much.				GA
29. My child doesn't like to be away from his/her family.				SEP
30. My child is afraid of having anxiety (or panic) attacks.				PA/SO
31. My child worries that something bad might happen to his/her parents.				SEP
32. My child feels shy with people he/she doesn't know well.				SOC
33. My child worries about what is going to happen in the future.				GA
34. When my child gets frightened, he/she feels like throwing up.				PA/SO
35. My child worries about how well he/she does things.				GA
36. My child is scared to go to school.				SCH
37. My child worries about things that have already happened.				GA
38. When my child gets frightened, he/she feels dizzy.				PA/SO
39. My child feels nervous when he/she is with other 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).				SOC
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well.				SOC
41. My child is shy.				SOC

The SCARED is available at no cost at www.pediatricbipolar.pitt.edu under resources/instruments.

January 19, 2018

Child ID#: _____

Child age _____

Caregiver: _____

Date: _____

Pediatric Symptom Checklist-17 (PSC-17)

INSTRUCTIONS: Emotional and physical health go together in children. Because caregivers are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

Does your child:	Please mark under the heading that best fits your child			For Office Use		
	Never	Sometimes	Often	I	A	E
1. Feel sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Feel hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. Feel down on him/herself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Worry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. Seem to be having less fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6. Fidget, is unable to sit still.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Daydream too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8. Distract easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have trouble concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10. Act as if driven by a motor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11. Fight with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12. Not listen to rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13. Not understand other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14. Tease others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15. Blame others for his/her troubles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16. Refuse to share.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17. Take things that do not belong to him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TOTAL						

To Score:

Fill in the unshaded box on the right: "Never" = 0, "Sometimes" = 1, "Often" = 2.

Sum the columns.

PSC17-Internalizing score is the sum of column I.

PSC17-Attention is the sum of column A

PSC17-Externalizing is the sum of column E.

PSC-17 Total Score is the sum of PSC17-I + PSC17-A + PSC17-E.

Positive Scores:

PSC17-I ≥ 5

PSC17-A ≥ 7

PSC17-E ≥ 7

Total Score ≥ 15