

# SCARED - Parent

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

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*Please mark under the heading that best fits your child:*

**Not True or  
Hardly Ever  
True**

**Somewhat True  
or Sometimes  
True**

**Very True  
or Often  
True**

	<b>Not True or Hardly Ever True</b>	<b>Somewhat True or Sometimes True</b>	<b>Very True or Often True</b>
1. When my child feels frightened, it is hard for him/her to breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My child gets headaches when he/she is at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child doesn't like to be with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child gets scared if he/she sleeps away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My child worries about other people liking him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When my child gets frightened, he/she feels like passing out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child is nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My child follows me wherever I go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. People tell me that my child looks nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child feels nervous with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My child gets stomachaches at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When my child gets frightened, he/she feels like he/she is going crazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My child worries about sleeping alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My child worries about being as good as other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When my child gets frightened, he/she feels like things are not real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My child has nightmares about something bad happening to his/her parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My child worries about going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. When my child gets frightened, his/her heart beats fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My child gets shaky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My child has nightmares about something bad happening to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. My child worries about things working out for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. When my child gets frightened, he/she sweats a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My child is a worrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My child gets really frightened for no reason at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My child is afraid to be alone in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. It is hard for my child to talk with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. When my child gets frightened, he/she feels like he/she is choking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. People tell me that my child worries too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. My child doesn't like to be away from his/her family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. My child is afraid of having anxiety (or panic) attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. My child worries that something bad might happen to his/her parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. My child feels shy with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. My child worries about what is going to happen in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. When my child gets frightened, he/she feels like throwing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. My child worries about how well he/she does things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. My child is scared to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. My child worries about things that have already happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. When my child gets frightened, he/she feels dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. My child is shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>