



Dear Parent:

You have recently called Phoenix Children's Pediatrics to set up an appointment for your child to be evaluated due to concerns for depression / anxiety. In order to best evaluate your child, our doctor will need the following information at the time of your visit.

**If you are concerned about your child harming him/herself, harming others, or your child has suicidal thoughts, this is an emergency. Please call 911 or call our office.**

- To be completed by the patient:
  - SCARED form Child Version (if older than 8 years of age)
- To be completed / reviewed by the parents:
  - SCARED form Parent Version

Please return the documents to Phoenix Children's Pediatrics as soon as you can.

Thank you,

Phoenix Children's Pediatrics



**Screen for Child Anxiety  
Related Disorders (SCARED)**  
Child Version

Apply Patient Label

**Screen for Child Anxiety Related Disorders (SCARED)**  
**Child Version—Page 1 of 2 (to be filled out by the CHILD)**

**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, check  the box that corresponds to the response that seems to describe you *for the last 3 months*.

	<b>0 Not True or Hardly Ever True</b>	<b>1 Somewhat True or Sometimes True</b>	<b>2 Very True or Often True</b>	
1. When I feel frightened, it is hard to breathe.				PA/SO
2. I get headaches when I am at school.				SCH
3. I don't like to be with people I don't know well.				SOC
4. I get scared if I sleep away from home.				SEP
5. I worry about other people liking me.				GA
6. When I get frightened, I feel like passing out.				PA/SO
7. I am nervous.				GA
8. I follow my mother or father wherever they go.				SEP
9. People tell me that I look nervous.				PA/SO
10. I feel nervous with people I don't know well.				SOC
11. I get stomachaches at school.				SCH
12. When I get frightened, I feel like I am going crazy.				PA/SO
13. I worry about sleeping alone.				SEP
14. I worry about being as good as other kids.				GA
15. When I get frightened, I feel like things are not real.				PA/SO
16. I have nightmares about something bad happening to my parents.				SEP
17. I worry about going to school.				SCH
18. When I get frightened, my heart beats fast.				PA/SO
19. I get shaky.				PA/SO
20. I have nightmares about something bad happening to me.				SEP







**Screen for Child Anxiety  
Related Disorders (SCARED)  
Parent Version**

Apply Patient Label

**Screen for Child Anxiety Related Disorders (SCARED)  
Parent Version—Page 1 of 2 (to be filled out by the PARENT)**

**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.

	<b>0 Not True or Hardly Ever True</b>	<b>1 Somewhat True or Sometimes True</b>	<b>2 Very True or Often True</b>	
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





**Screen for Child Anxiety  
Related Disorders (SCARED)  
Parent Version**

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

\_\_\_\_\_  
Signature of Parent/Legally Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legally Authorized Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Practitioner Printed Name

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.

*The SCARED is available at no cost at [www.pediatricbipolar.pitt.edu](http://www.pediatricbipolar.pitt.edu) under resources/instruments. January 19, 2018*



**Phoenix  
Children's**

## *Emergency Behavioral Health Resources*

### **National Suicide Prevention Lifeline**

<https://988lifeline.org/>

Dial 988

1-800-273-8255

### **Teen Lifeline (phone or text)**

<https://teenlifeline.org/>

602-248-TEEN (8336)

1-800-248- TEEN (8336) outside of Maricopa

### **Crisis Text Line**

<https://www.crisistextline.org/>

Text HOME to 741741

### **La Frontera EMPACT**

<https://lafronteraaz-empact.org/>

480-784-1500

### **Maricopa County Crisis Line served by Mercy Care**

<https://www.maricopa.gov/5043/Mental-Health-Substance-Use>

602-222-9444

1-800-631-1314

### **211 Arizona**

<https://211arizona.org/>

### **Solari Crisis Response Network**

<https://crisis.solari-inc.org/>

General Number (602) 427-4600

Central Arizona Hotline (602) 222-9444

Northern Arizona Hotline (877) 756-4090

Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma Counties served by Arizona Complete Health – Complete Care Plan 1-866-495-6735

Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties served by Steward Health Choice Arizona 1-877-756-4090

Gila River and Ak-Chin Indian Communities 1-800-259-3449

Salt River Pima Maricopa Indian Community 1-855-331-6432