

SCARED - Child

Name: _____

Date of Birth: _____

Today's Date: _____

Please mark under the heading that best fits you:

**Not True or
Hardly Ever
True**

**Somewhat True
or Sometimes
True**

**Very True
or Often
True**

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

22. When I get frightened, I sweat a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am a worrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I get really frightened for no reason at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I am afraid to be alone in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. It is hard for me to talk with people I don't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. When I get frightened, I feel like I am choking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. People tell me that I worry too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I don't like to be away from my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I am afraid of having anxiety (or panic) attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I worry that something bad might happen to my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I feel shy with people I don't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I worry about what is going to happen in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. When I get frightened, I feel like throwing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I worry about how well I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I am scared to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I worry about things that have already happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. When I get frightened, I feel dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I am shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>