

SCREEN FOR CHILD ANXIETY RELATED DISORDERS (SCARD)
PARENT VERSION

Patient Name: _____

Date: _____

Below is a list of sentences that describe how people feel. Read each phrase and decide if it's "Not true" or "Somewhat true" or "Often true" for your child. Check one box for each statement that best describes your child in the last month. Please respond to all statements, even if some of them don't seem to apply to your child.

	Not true or hardly ever true	Somewhat true	Very true or often true	Office use
1. When my child feels frightened it's hard for them to breathe.				PN
2. My child gets headaches when they are at school.				SH
3. My child doesn't like to be with people they don't know well.				SC
4. My child gets scared if they sleep away from home.				SP
5. My child worries about other people liking him/her.				GD
6. When my child gets frightened, they feel like passing out.				PN
7. My child is nervous.				GD
8. My child follows me wherever I go.				SP
9. People tell me my child looks nervous.				PN
10. My child feels nervous with people they don't know well.				SC
11. My child gets stomachaches at school.				SH
12. When my child gets frightened they feel like they're going crazy.				PN
13. My child worries about sleeping alone.				SP
14. My child worries about being as good as other kids.				GD
15. When my child gets frightened, they feel like things aren't real.				PN
16. My child has nightmares about something bad happening to their parents.				SP
17. My child worries about going to school.				SH
18. When my child gets frightened, their heart beats fast.				PN
19. My child gets shaky.				PN
20. My child has nightmares about something bad happening to them.				SP
21. My child worries about things working out for him/her.				GD
22. When my child gets frightened, they sweat a lot.				PN
23. My child is a worrier.				GD
24. My child gets really frightened for no reason at all.				PN
25. My child is afraid to be alone in the house.				SP
26. It's hard for my child to talk to people they don't know well.				SC
27. When my child gets frightened, they feel like they are choking.				PN
28. People tell me my child worries too much.				GD
29. My child doesn't like to be away from their family.				SP
30. My child is afraid of having anxiety (panic) attacks.				PN
31. My child worries something bad might happen to their parents.				SP
32. My child feels shy with people they don't know well.				SC
33. My child worries about what's going to happen in the future.				GD
34. When my child gets frightened, they throw up.				PN
35. My child worries about how well they do things.				GD
36. My child is scared to go to school.				SH
37. My child worries about things that have already happened.				GD
38. When my child gets frightened, they feel dizzy.				PN
39. My child feels nervous when they're with other children or adults and have to do something while they are being watched (e.g.: read out loud, play a game, speak).				SC
40. My child feels nervous when they go to parties, dances, or places where there will be people they don't know well.				SC
41. My child is shy.				SC

Please return the completed form to Cheryl Dasler, MD by fax (303-694-0754) or you can upload and email to cdasler@blueskycpc.com.