

**Screen for Adult Anxiety Related Disorders (SCAARED)
Adult Version**

Name: Pat Whole Name (First Name First)
Date: Today D

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 Very 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.

- | | Not True
or Hardly
Ever True | Somewhat True
or Sometimes
True | Very True
or Often
True |
|--|------------------------------------|---------------------------------------|-------------------------------|
| 1. When I feel nervous, it is hard for me to breathe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I get headaches when I am at school, at work or in public places. | <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 nervous if I sleep away from home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I worry about people liking me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Not True
or Hardly
Ever True | Somewhat True
or Sometimes
True | Very True
or Often
True |
| 6. When I get anxious, 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. It is hard for me to stop worrying. | <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"/> |
| | Not True
or Hardly
Ever True | Somewhat True
or Sometimes
True | Very True
or Often
True |
| 11. I get stomachaches at school, at work, or in public places. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. When I get anxious, 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 people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. When I get anxious, I feel like things are not real. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Not True
or Hardly
Ever True | Somewhat True
or Sometimes
True | Very True
or Often
True |
| 16. I have nightmares about something bad happening to my family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I worry about going to school, work or to public places | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. When I get anxious, 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"/> |
| | Not True
or Hardly
Ever True | Somewhat True
or Sometime
True | Very True
or Often
True |
| 21. I worry about things working out for me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. When I get anxious, 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. When I worry a lot, I have trouble sleeping. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I get really frightened for no reason at all. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Not True
or Hardly
Ever True | Somewhat True
or Sometimes
True | Very True
or Often
True |
| 26. I am afraid to be alone in the house. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. It is hard for me to talk with people I don't know well. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. When I get anxious, I feel like I'm choking. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. People tell me that I worry too much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. I don't like to be away from my family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Not True Somewhat True Very True

	or Hardly Ever True	or Sometimes True	or Often True
31. When I worry a lot, I feel restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I am afraid of having anxiety (or panic) attacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I worry that something bad might happen to my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I feel shy with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I worry about what is going to happen in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
36. When I get anxious, I feel like throwing up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I worry about how well I do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I am afraid to go outside or to crowded places by myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I worry about things that have already happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. When I get anxious, I feel dizzy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I feel nervous when I am with other people and I have to do something while they watch me (for example: speak, play a sport).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. I feel nervous when I go 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"/>
43. I am shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. When I worry a lot, I feel irritable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>