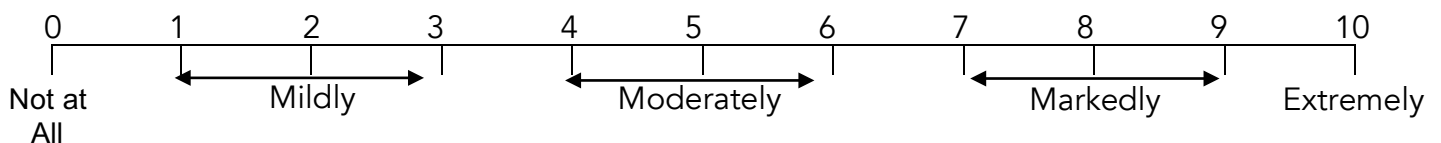




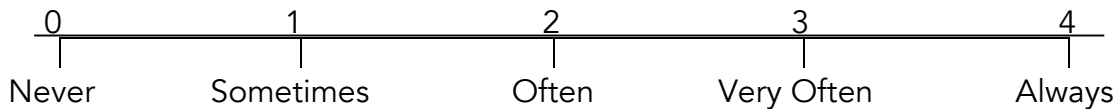
Phobia Scale

To fill out the phobia scale below circle a number between and 10 in the top row of each section to show how much you fear a situation, and a number between 0 and 4 in the bottom row to show how much you avoid that situation. Use the scales below as a guide.

How much do you fear the situations named below?



How much do you avoid the situations named below:



1. Main phobias you want treated

Phobia 1 Specify:	Fear	0	1	2	3	4	5	6	7	8	9	10
	Avoidance	0	1	2	3	4						
Phobia 2 Specify	Fear	0	1	2	3	4	5	6	7	8	9	10
	Avoidance	0	1	2	3	4						
Phobia 3 Specify	Fear	0	1	2	3	4	5	6	7	8	9	10
	Avoidance	0	1	2	3	4						
Phobia 4 Specify	Fear	0	1	2	3	4	5	6	7	8	9	10
	Avoidance	0	1	2	3	4						

2. Going far from home alone

Fear	0	1	2	3	4	5	6	7	8	9	10
Avoidance	0	1	2	3	4						

3. Sudden unexpected attacks of panic/ anxiety that occur with little or no cause

Fear	0	1	2	3	4	5	6	7	8	9	10
Avoidance	0	1	2	3	4						



4.	Traveling on buses, subways, trains, or in cars	Fear	0	1	2	3	4	5	6	7	8	9	10
		Avoidance	0	1	2	3	4						
5.	Crowded places (e.g., shopping, sports events, theaters)	Fear	0	1	2	3	4	5	6	7	8	9	10
		Avoidance	0	1	2	3	4						
6.	Large open spaces	Fear	0	1	2	3	4	5	6	7	8	9	10
		Avoidance	0	1	2	3	4						
7.	Feeling trapped or caught in closed spaces	Fear	0	1	2	3	4	5	6	7	8	9	10
		Avoidance	0	1	2	3	4						
8.	Being left alone	Fear	0	1	2	3	4	5	6	7	8	9	10
		Avoidance	0	1	2	3	4						
9.	The thought of physical injury or illness	Fear	0	1	2	3	4	5	6	7	8	9	10
		Avoidance	0	1	2	3	4						
10.	Hearing or reading about health topics or disease	Fear	0	1	2	3	4	5	6	7	8	9	10
		Avoidance	0	1	2	3	4						
11.	Eating, drinking, or writing in public	Fear	0	1	2	3	4	5	6	7	8	9	10
		Avoidance	0	1	2	3	4						
12.	Being watched or being the focus of attention	Fear	0	1	2	3	4	5	6	7	8	9	10
		Avoidance	0	1	2	3	4						
13.	Being with others because you are very self-conscious	Fear	0	1	2	3	4	5	6	7	8	9	10
		Avoidance	0	1	2	3	4						



14. Situations other than those listed above that you fear and avoid
- | | | | | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---|---|---|----|
| Fear | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Avoidance | 0 | 1 | 2 | 3 | 4 | | | | | | |
15. Specify farthest distance you can go alone
- Yards _____
- Miles _____

Rate the present state of your phobias overall on the scale below. Circle the number you select.

