



### Fears and Phobias Assessment

If you are one of the estimated 8% of the population who experiences limitation in quality of life due to a specific fear or phobia, you may feel all alone in your attempts to overcome your anxiety around this issue and get on with your life. Unfortunately, your phobia or fear also means you are at high risk for other anxiety symptoms and for depression as well. Furthermore, phobias and fears do not tend to lessen over time – rather, they often get stronger. The good news is that effective help is available.

If you suspect you may be suffering from a fear or phobia, you can use the simple assessment below to determine the next best step for seeking professional help.

**Instructions:** Put a check mark by each item that matches the symptoms that you, your child, or your loved one experiences. When you have answered all of the questions, enter your name and email address to receive your confidential Fears and Phobias Assessment report.

<b>When close to a specific object or in certain situations, do you (your child or someone you care about) ...</b>	✓
1. experience shortness of breath or a smothering sensation?	
2. have heart palpitations, a pounding heart, or an accelerated heart rate?	
3. get chest pain or discomfort in your chest?	
4. shake or tremble?	
5. begin sweating?	
6. get hot or cold flashes?	
7. feel nauseated or have stomach discomfort?	
8. feel dizzy, lightheaded, faint, or unsteady?	
9. feel numbness or a tingling sensation?	
10. feel like you're choking?	
11. feel detached from yourself or feel removed from reality?	
12. feel like you will lose control or feel like you're going crazy?	
13. think you will die?	
14. suffer intense and unreasonable fear in the presence of the feared object or when anticipating the feared situation?	
15. experience immediate anxiety or panic?	
16. recognize that your fear is excessive and unreasonable?	
17. avoid the feared object or situation, or endure it with intense anxiety?	



18. change your normal routine to avoid the feared object or situation?	
19. faint at the sight of blood or a needle? (Blood/Injection/Injury Phobia)	
20. <b>Under 18 years old:</b> Have you had the fear or phobia for at least 6 months?	

<b>My Name Is:</b>	
<b>My Email Address Is:</b>	

The above questions are based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition or DSM-IV.

*Look forward to your Fears and Phobias Assessment report arriving in your inbox soon!*

This confidential assessment tool is provided courtesy of the Southlake Center