Name _____

Date ____/____/____

ASSESSING YOUR FEARS

Please ✓check the ❑ box after each entry that most closely describes your usual experience. Leave blank any objects or situations that do not cause any discomfort.

Feared Objects, Situations	Mild Discomfort	Moderate Discomfort	Severe Discomfort
Accidents	❑	❑	❑
Airplanes	❑	❑	❑
Bats	❑	❑	❑
Being alone	❑	❑	❑
Being in a new place	❑	❑	❑
Birds	❑	❑	❑
Blood	❑	❑	❑
Boating	❑	❑	❑
Bridges	❑	❑	❑
Cats	❑	❑	❑
Cemeteries	❑	❑	❑
Crawling insects	❑	❑	❑
Criticism	❑	❑	❑
Crowded rooms	❑	❑	❑
Crowds	❑	❑	❑
Darkness	❑	❑	❑
Dead animals	❑	❑	❑
Dead bodies	❑	❑	❑
Death	❑	❑	❑
Deep water	❑	❑	❑
Dentists	❑	❑	❑
Dirt	❑	❑	❑
Dogs	❑	❑	❑
Driving an automobile	❑	❑	❑

Please turn the page over and complete the work sheet ➥

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Feared Objects, Situations	Mild Discomfort	Moderate Discomfort	Severe Discomfort
Earthquakes	❑	❑	❑
Elevators	❑	❑	❑
Enclosed places	❑	❑	❑
Feeling disapproved of	❑	❑	❑
Feeling rejected	❑	❑	❑
Flying insects	❑	❑	❑
Guns	❑	❑	❑
Harmless snakes	❑	❑	❑
Heights	❑	❑	❑
Illness	❑	❑	❑
Injections	❑	❑	❑
Losing control	❑	❑	❑
Loud voices	❑	❑	❑
Meeting a stranger	❑	❑	❑
Mental illness	❑	❑	❑
People in authority	❑	❑	❑
Prospect of surgery	❑	❑	❑
Public speaking	❑	❑	❑
Rats and/or mice	❑	❑	❑
Sharp objects	❑	❑	❑
Sick people	❑	❑	❑
Sirens	❑	❑	❑
Spiders	❑	❑	❑
Sudden noises	❑	❑	❑
Suffocating	❑	❑	❑
Thunderstorms	❑	❑	❑
Trains or buses	❑	❑	❑
Walking alone	❑	❑	❑
Wounds	❑	❑	❑
Other fears (specify)			
_____	❑	❑	❑
_____	❑	❑	❑
_____	❑	❑	❑
_____	❑	❑	❑
_____	❑	❑	❑
_____	❑	❑	❑

Comments: _____

_____

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_____

Taken in part from *Panic: Facing fears, phobias, and anxiety* by Stewart Agras, M.D.(1985) New York: W. H. Freeman & Co.