Severity Measure for Specific Phobia—Adult

Name:_____ **Age:** _____ **Sex: Male** ❑ **Female** ❑ **Date:**_____

The following questions ask about thoughts, feelings, and behaviors that you may have had in a variety of situations. Please check (✓) the item below that makes you most anxious. Choose only one item and make your ratings based on the situations included in that item.

❑ Driving, flying, tunnels, bridges, or enclosed spaces	❑ Animals or insects	❑ Heights, storms, or water	❑ Blood, needles, or injections	❑ Choking or vomiting

Please respond to each item by marking (✓ or x) one box per row. During **the PAST 7 DAYS**, I have…		**Never**	**Occasionally**	**Half of the time**	**Most of the time**	**All of the time**	**Clinician Use Item score**
1.	felt moments of sudden terror, fear, or fright in these situations	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
2.	felt anxious, worried, or nervous about these situations	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
3.	had thoughts of being injured, overcome with fear, or other bad things happening in these situations	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky in these situations	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing in these situations	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
6.	avoided, or did not approach or enter, these situations	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
7.	moved away from these situations or left them early	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
8.	spent a lot of time preparing for, or procrastinating about (i.e., putting off), these situations	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
9.	distracted myself to avoid thinking about these situations	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
10.	needed help to cope with these situations (e.g., alcohol or medications, superstitious objects, other people)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
						Total/Partial Raw Score:	
						Prorated Total Raw Score: (if 1-2 items left unanswered)	
						Average Total Score:	