

Brief Fear of Negative Evaluation Scale Assessment

Name: _____ Date: _____

Instructions: Please read each statement carefully and indicate your level of agreement or disagreement by marking the appropriate response.

Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5)

1. I am afraid that others will think poorly of me.

1 2 3 4 5

2. I am often worried about what others think of me.

1 2 3 4 5

3. I am concerned that people will not approve of my actions.

1 2 3 4 5

4. I am uneasy when I think others might be criticizing me.

1 2 3 4 5

5. I avoid situations where others might evaluate me.

1 2 3 4 5

6. I worry about people being judgmental about me.

1 2 3 4 5

7. I am often concerned about embarrassing myself.

1 2 3 4 5

8. I fear that I will look foolish to others.

1 2 3 4 5

Total Score: _____

Interpretation: