

Fear Questionnaire (FQ) - Healthcare Practitioner Version

Patient Information:

Name:

Address:

Contact Information:

Date:

Instructions: Please answer the following questions honestly and to the best of your ability. This questionnaire assesses the presence and impact of any fears or phobias affecting your well-being. Your responses will help us better understand your concerns and develop an appropriate treatment plan if needed.

Section 1: Identification of Fear

What specific situations, objects, or activities provoke intense fear or anxiety for you?

How frequently do you encounter these fear-inducing triggers in your daily life?

- Rarely
- Sometimes
- Often
- Very Often

Section 2: Impact of Fear

On a scale of 1 to 10, please rate the intensity of fear or anxiety you experience when encountering your triggers.

(1 = Minimal, 10 = Overwhelming)

Trigger 1:

Trigger 2:

Trigger 3:

Describe any physical symptoms you experience during or after encountering these triggers (e.g., rapid heartbeat, sweating, trembling).

How do these fears affect your daily life, activities, and relationships?

Have you ever altered your routine or avoided situations to prevent encountering these triggers? Please explain.

Section 3: Emotional and Psychological Impact

Describe the emotions you associate with your fears (e.g., panic, dread, unease).

How do these fears make you feel about yourself and your capabilities?

Have you noticed any changes in your mood, such as increased irritability or sadness, related to these fears?

Section 4: Duration and Onset

When did you first notice these fears or phobias? Please provide a brief timeline.

Have these fears worsened over time or remained relatively stable?

Section 5: Previous Treatment and Coping Strategies

Have you sought any previous treatment or counseling for these fears? If so, please describe the approaches used and their effectiveness.

What strategies do you currently use to cope with or manage your fears?

Section 6: Additional Comments

Is there anything else you would like to share about your fears, their impact, or any concerns you have?