

Phobia Screening Test

Patient Information

Full name: _____

Date of Birth (MM/DD/YY): _____ Gender: _____

Contact Number: _____ Email Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Relationship to Emergency Contact: _____

Phobia Screening

Instruction: For each item, indicate the level of fear or anxiety you experience in the situation described.

Rating Scale: 0 - Not at all 1- Mild 2 - Moderate 3 - Severe

_____ 1. **Agoraphobia:** Fear of open spaces or public places where escape may be difficult.

_____ 2. **Acrophobia:** Fear of heights.

_____ 3. **Arachnophobia:** Fear of spiders.

_____ 4. **Astraphobia:** Fear of thunder and lightning.

_____ 5. **Claustrophobia:** Fear of enclosed or small spaces.

_____ 6. **Hemophobia:** Fear of blood.

_____ 7. **Hydrophobia:** Fear of water or swimming.

_____ 8. **Ophidiophobia:** Fear of snakes.

_____ 9. **Cynophobia:** Fear of dogs.

_____ 10. **Nyctophobia:** Fear of darkness or night.

_____ 11. **Trypanophobia:** Fear of needles or injections.

_____ 12. **Social Phobia:** Fear of social situations, especially where one may be scrutinized or judged by others.

_____ 13. **Mysophobia:** Fear of germs or dirt.

_____ 14. **Aerophobia:** Fear of flying.

_____ 15. **Dentophobia:** Fear of going to the dentist.

_____ 16. **Thanatophobia:** Fear of death or dying.

_____ 17. **Atychiphobia:** Fear of failure or not succeeding.

_____ **18. Trypophobia:** Fear of small holes or clusters of circles.

_____ **19. Entomophobia:** Fear of insects.

_____ **20. Autophobia:** Fear of being alone or isolated.

_____ **21. Ataxophobia:** Fear of disorder or untidiness.

_____ **22. Aviophobia:** Fear of traveling by plane.

_____ **23. Coulrophobia:** Fear of clowns.

_____ **24. Emotophobia:** Fear of expressing emotions.

_____ **25. Gephyrophobia:** Fear of bridges or crossing them.

_____ **26. Others (please specify):** _____

Interpretation

Total scores for each phobia range from 0 to 3, with higher scores indicating more severe levels of fear or anxiety. Interpretation of individual scores should take into account the patient's personal experience, culture, and other factors that may influence their response to each situation.

Scores of 0 to 1 indicate mild fear or anxiety, scores of 1 to 2 indicate moderate fear or anxiety, and scores of 2 to 3 indicate severe fear or anxiety. A score of 3 in any category suggests a significant phobia that may require treatment.

Additional Notes