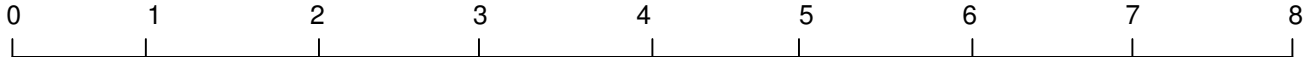


Patient Name: _____

Date: _____

Fear Questionnaire (FQ)

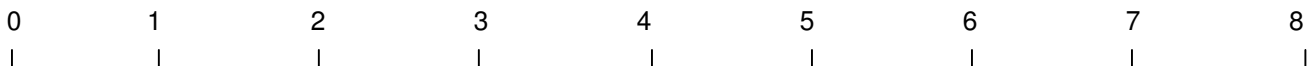
Choose a number from the scale below to show how much you would avoid each of the situations listed below because of fear or other unpleasant feelings. Then write the number you choose in the space opposite each situation.



would not avoid it slightly avoid it definitely avoid it markedly avoid it always avoid it

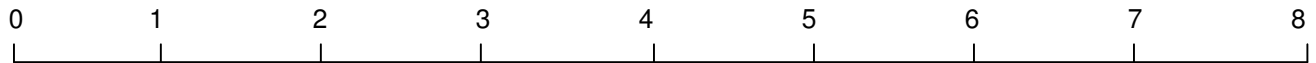
- 1. Main phobia you want treated (describe _____)..... _____
- 2. Injections or minor surgery..... _____
- 3. Eating or drinking with other people..... _____
- 4. Hospitals..... _____
- 5. Traveling alone or by bus..... _____
- 6. Walking alone in busy streets..... _____
- 7. Being watched or stared at..... _____
- 8. Going into crowded shops..... _____
- 9. Talking to people in authority..... _____
- 10. Sight of blood..... _____
- 11. Being criticized..... _____
- 12. Going alone far from home..... _____
- 13. Thought of injury or illness..... _____
- 14. Speaking or acting to an audience..... _____
- 15. Large open spaces..... _____
- 16. Going to the dentist..... _____
- 17. Other situations (describe _____)..... _____

**18. How would you rate the present state of your phobic symptoms on the scale below?
Please circle one number between 0 and 8.**



no phobias present slightly disturbing/not really disabling definitely disturbing/disabling markedly disturbing/disabling very severely disturbing/disabling

Now choose a number from the scale below to show how much you are troubled by each problem listed, and write the number in the space opposite.



hardly at all slightly troublesome definitely troublesome markedly troublesome very severely troublesome

- 19. Feeling miserable or depressed..... _____
- 20. Feeling irritable or angry..... _____
- 21. Feeling tense or panicky..... _____
- 22. Upsetting thoughts coming into your head..... _____
- 23. Feeling you or your surroundings are strange or unreal..... _____
- 24. Other feelings (describe _____)..... _____

Scoring the Fear Questionnaire (FQ)

Four scores are obtained from the Fear Questionnaire:

Main Phobia Level of Avoidance: Item 1 (score range 0 to 8)

Total Phobia Score: Sum of items 2 to 16 (score range 0 to 120)

Agoraphobia subscale (items 5, 6, 8, 12, & 15) (score range 0 to 40)

Blood injury phobia subscale (items 2, 4, 10, 13, & 16) (score range 0 to 40)

Social phobia subscale (items 3, 7, 9, 11, & 14) (score range 0 to 40)

Global Phobia Rating: Item 18 (score range 0 to 8)

Associated Anxiety and Depression: Sum of items 19 to 24 (score range 0 to 40)

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