



A Division of Hartford Hospital

Please complete this form and show it to your doctor or other healthcare professional.

Do you have Social Phobia?

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| 1. | Are you afraid of one or more social or performance situations in which you are exposed to unfamiliar people or to possible scrutiny by others? | YES | NO |
| 2. | In social or performance situations, are you afraid that you will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing? | YES | NO |
| 3. | Do you almost always feel anxious in these social or performance situations? | YES | NO |
| 4. | Is your social fear excessive or unreasonable? | YES | NO |
| 5. | Do you go out of your way to avoid feared social or performance situations? | YES | NO |
| 6. | If you cannot avoid a social or performance situation, do you feel intense anxiety or distress? | YES | NO |
| 7. | Do your social fears or avoidance interfere significantly with your normal routine, occupational (academic) functioning, or social activities or relationships? | YES | NO |
| 8. | Do you feel very distressed about having this fear? | YES | NO |

You ***might*** have Social Phobia if **all** of the following are **true**:

- You answered YES to items 1, 2, 3, and 4
- You answered YES to at least one of items 5 and 6
- You answered YES to at least one of items 7 and 8

Note: This questionnaire is for informational purposes only and is not intended to function as a psychological or psychiatric assessment. Diagnosis of psychiatric disorders requires a careful evaluation by a trained professional.

To get help for this condition or to receive a comprehensive assessment, please call The Institute of Living's Anxiety Disorders Center at (860) 545-7685.