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

Do you have Social Phobia?

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.