Institute of Living
A Division of Hartford Hospital

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

Do you have a Specific Phobia?

1.	Do you have a serious and persistent fear of a specific object or situation (such as flying, heights, animals, receiving an injection, or seeing blood)?	**YES**	**NO**
2.	Do you feel anxious almost every time you encounter this specific object or situation?	**YES**	**NO**
3.	Is this fear excessive or unreasonable?	**YES**	**NO**
4.	Do you go out of your way to avoid feared objects or situations?	**YES**	**NO**
5.	If you cannot avoid a feared object or situation, do you feel intense anxiety or distress?	**YES**	**NO**
6.	Does the fear of avoidance interfere significantly with your normal routine, occupational (academic) functioning, or social activities or relationships?	**YES**	**NO**
7.	Do you feel very distressed about having this fear?	**YES**	**NO**

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

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

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.

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