Phobia Self-Test

Is it possible that I have symptoms of a Phobia?

Evaluate how often the following appear in your life.

Question	Never	Sometimes	Often	Always
1. You have panic attacks for no apparent reason.	_____	_____	_____	_____
2. You are afraid of having a panic attack.	_____	_____	_____	_____
3. You have a sudden onset of any of the following physical symptoms even though you have not exerted yourself: racing heart, sweating, shortness of breath.	_____	_____	_____	_____
4. You have extreme, uncontrollable worry about multiple concerns, e.g. finances, health, employment, family, being late…even if should not be serious concerns.	_____	_____	_____	_____
5. You believe that it is best to prepare yourself for the worst at all times.	_____	_____	_____	_____
6. You believe that any strange situation should be regarded as dangerous.	_____	_____	_____	_____
7. You often wake up in the early morning hours.	_____	_____	_____	_____
8. How often do you have any of the following symptoms: trembling, twitching, feeling shaky, muscle tension, aches, soreness, restlessness?	_____	_____	_____	_____
9. You have insomnia or oversleeping.	_____	_____	_____	_____
10. You feel guilty, helpless or hopeless.	_____	_____	_____	_____
11. You lack energy and feel listless.	_____	_____	_____	_____
12. You have increased or decreased appetite.	_____	_____	_____	_____
13. You need others to help you do things that most people can do on their own, and that you once were able to do unaided.	_____	_____	_____	_____
14. You feel isolated.	_____	_____	_____	_____
15. You feel excessive embarrassment in social, evaluative or performance situations.	_____	_____	_____	_____
16. You avoid situations where you will be the center of attention or be forced to socialize with strangers.	_____	_____	_____	_____
17. You avoid performing any of the following activities in front of others: Eating, drinking, speaking or using a public toilet.	_____	_____	_____	_____

Question	Never	Sometimes	Often	Always
18. If you are forced to do any of the following, you immediately become tense and worry: public speaking or eating, using a public lavatory, being asked a question in public.	_____	_____	_____	_____
19. You cross the street to avoid greeting a person you know.	_____	_____	_____	_____
20. You suffer from fatigue.	_____	_____	_____	_____
21. You have difficulty concentrating.	_____	_____	_____	_____
22. You feel tense or restless.	_____	_____	_____	_____
23. Some rituals that you often perform (hand washing/exercise/checking locks) do not bring you pleasure, but they release tension, e.g. after you have checked all of the locks thoroughly you feel that you can safely relax.	_____	_____	_____	_____
24. You are meticulous.	_____	_____	_____	_____
25. You need structure and rigidity.	_____	_____	_____	_____
26. You are in constant doubt about how your behavior will influence your environment.	_____	_____	_____	_____
27. You feel anaesthetized to (unable to feel) certain emotions or feel detached or estranged from others around you.	_____	_____	_____	_____
28. You feel a sense of a foreshortened future, e.g. doubt that you will ever get married, have a career, or live a long life.	_____	_____	_____	_____
29. You have a constant sense of stimulation or excitement, which is causing you to feel irritable, have outbursts of anger, or startled response to regular things.	_____	_____	_____	_____
30. You try to avoid, or have lost interest in, activities or situations that you associate with a traumatic experience.	_____	_____	_____	_____

Although this, or no self-test, is conclusive, if you answered OFTEN or ALWAYS to more than five of these questions, there is a possibility you may have a phobia and you should contact an iTherapyRX counselor or another health care professional.