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.

0                 1                    2                    3                    4                    5                    6                    7                    8

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

0                 1                    2                    3                    4                    5                    6                    7                    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.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>hardly at all</td>
<td>slightly troublesome</td>
<td>definitely troublesome</td>
<td>markedly troublesome</td>
<td>very severely troublesome</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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