Albany Panic and Phobia Questionnaire (APPQ)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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</thead>
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Instructions: Using the following scale, please rate the amount of fear that you think you would experience in each of the situations listed below if they were to occur in the next week. Try to imagine yourself actually doing each activity and how you would feel:

**Fear Scale**

<table>
<thead>
<tr>
<th>No fear</th>
<th>Slight fear</th>
<th>Moderate fear</th>
<th>Marked fear</th>
<th>Extreme fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
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</tbody>
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1. Talking to people
2. Going through a car wash
3. Playing vigorous sport on a hot day
4. Blowing up an airbed quickly
5. Eating in front of others
6. Hiking on a hot day
7. Getting gas at a dentist
8. Interrupting a meeting
9. Giving a speech
10. Exercising vigorously alone
11. Going long distance from home alone
12. Introducing yourself to groups
13. Walking alone in isolated areas
14. Driving on highways
15. Earing striking clothes
16. Possibility of getting lost
17. Drinking a strong cup of coffee
18. Sitting in the centre of a cinema
19. Running up stairs
20. Riding on subway
21. Speaking on the telephone
22. Meeting strangers
23. Writing in front of others
24. Entering a room full of people
25. Staying overnight away from home
26. Feeling the effects of alcohol
27. Going over a long, low bridge