



Albany Panic and Phobia Questionnaire (APPQ)

Name:	Date:
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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

No fear ----- Slight fear ----- Moderate fear ----- Marked fear ----- Extreme fear
 0 1 2 3 4 5 6 7 8

1. Talking to people		15. Earing striking clothes	
2. Going through a car wash		16. Possibility of getting lost	
3. Playing vigorous sport on a hot day		17. Drinking a strong cup of coffee	
4. Blowing up an airbed quickly		18. Sitting in the centre of a cinema	
5. Eating in front of others		19. Running up stairs	
6. Hiking on a hot day		20. Riding on subway	
7. Getting gas at a dentist		21. Speaking on the telephone	
8. Interrupting a meeting		22. Meeting strangers	
9. Giving a speech		23. Writing in front of others	
10. Exercising vigorously alone		24. Entering a room full of people	
11. Going long distance from home alone		25. Staying overnight away from home	
12. Introducing yourself to groups		26. Feeling the effects of alcohol	
13. Walking alone in isolated areas		27. Going over a long, low bridge	
14. Driving on highways			