

Agoraphobia Questionnaire

Name

Date (mm/dd/yyyy)

0-1: Would not avoid it. 2-3: Slightly avoid it. 4-5: Definitely avoid it. 6-7: Markedly avoid it. 8: Always avoid it

Choose a number using the scale above to show how much you would avoid each of the situations listed below because of fear or other unpleasant feelings.

Travelling alone or by bus:

0 - Would not avoid it

1

2 - Slightly avoid it

3

4 - Definitely avoid it

5

6 - Markedly avoid it

7

8 - Always avoid it

Walking alone in busy streets

0 - Would not avoid it

1

2 - Slightly avoid it

3

4 - Definitely avoid it

5

6 - Markedly avoid it

7

8 - Always avoid it

Going into crowded shops:

- 0 - Would not avoid it
- 1
- 2 - Slightly avoid it
- 3
- 4 - Definitely avoid it
- 5
- 6 - Markedly avoid it
- 7
- 8 - Always avoid it

Going alone far from home:

- 0 - Would not avoid it
- 1
- 2 - Slightly avoid it
- 3
- 4 - Definitely avoid it
- 5
- 6 - Markedly avoid it
- 7
- 8 - Always avoid it

Large open spaces

- 0 - Would not avoid it
- 1
- 2 - Slightly avoid it
- 3
- 4 - Definitely avoid it
- 5
- 6 - Markedly avoid it
- 7
- 8 - Always avoid it

Please return this form to the office one day prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to [Sendinc](http://www.sendinc.com) at www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.