SPECIFIC PHOBIA

Are there any other things that you have been especially afraid of? Like

…being somewhere high up?

…seeing blood when someone is bleeding?

…getting a shot from the doctor?

…being inside a small place, like a closed closet or dark room?

…some kind of animal or bug or insect?

…loud noises?

…people in costumes, like Mickey Mouse or a clown?

…flying in an airplane?

What were you afraid would happen when you (CONFRONTED PHOBIC STIMULUS)?

Do you get nervous or scared every time you (CONFRONTED PHOBIC STIMULUS)?

Some children get so scared by the (PHOBIC STIMULUS) they cry. Would that happen to you?

Some children will have a temper tantrum to keep from going near (PHOBIC STIMULUS). Would you?

What about freezing up, like you couldn't move when you (CONFRONTED PHOBIC STIMULUS)?

What about hanging on (clinging) to your parents or to a grown up when you (CONFRONTED PHOBIC STIMULUS)?

SPECIFIC PHOBIA CRITERIA

A. Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).

PHOBIC OBJECTS(S) OR SITUATION(S). Check:

____ animals

____ heights

____ closed spaces

____ blood/injury

____ other (specify: _____)

	?	1	2	3
CHI				
PAR				
OTH				
BEST		↑		

GO TO ***OCD***, F12

B. Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally predisposed panic attack. **Note: in children, the anxiety may be expressed by crying, tantrums, freezing, or clinging.**

	?	1	2	3
CHI				
PAR				
OTH				
BEST		↑		

GO TO ***OCD***, F12

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

Do you think you were more scared of (PHOBIC STIMULUS) than you needed to be? (than your friends/sibs/family?)
(INTERVIEWER: NOT NECESSARY FOR DIAGNOSIS)

C. The person recognizes that the fear is excessive or unreasonable.
Note: in children, this feature may be absent.

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

↑

CONTINUE

D. The phobic situation(s) is avoided, or else endured with intense anxiety or distress.

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

↑

Did you try really hard to stay away from (PHOBIC STIMULUS)? If you had to do it, would you be really upset? Could people tell? (Did you cry/have temper tantrums/cling?)

(Did you have to skip doing some things to stay away from (PHOBIC STIMULUS)?

GO TO ***OCD***, F12

E. The avoidance, anxious anticipation, or distress in the feared situation interferes significantly with the person's normal routine, occupational (academic) functioning, or with social activities or relationships with others, or there is marked distress about having the phobia.

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

↑

IF NO: How hard (is/was) it for you to (CONFRONT PHOBIC SITUATION)?

IF UNCLEAR WHETHER FEAR WAS CLINICALLY SIGNIFICANT: How much did (PHOBIC SITUATION) get in the way of doing things you wanted (liked) to do?

(Were there things you really wanted to do but you just couldn't because you would have to (CONFRONT PHOBIC SITUATION)?

GO TO ***OCD***, F12

F. In individuals under 18 years, the duration is **at least 6 months**.

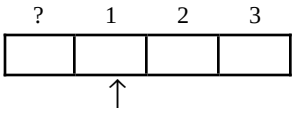
	?	1	2	3
CHI				
PAR				
OTH				
BEST				

↑

GO TO ***OCD***, F12

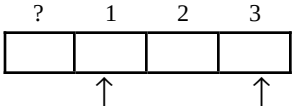
IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING SECTION ON OBSESSIVE COMPULSIVE DISORDER.

G. The anxiety, panic attacks, or phobic avoidance associated with the specific object or situation are not better accounted for by another mental disorder, such as Obsessive-Compulsive Disorder (e.g., fear of contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of school), Social Phobia (e.g., avoidance of social situations because of fear of embarrassment), Panic Disorder with Agoraphobia, or Agoraphobia Without History of Panic Disorder.



GO TO ***OCD***, F12

SPECIFIC PHOBIA CRITERIA A, B, D, E, F AND G ARE CODED "3"



GO TO ***OCD***, F 12

SPECIFIC PHOBIA

INDICATE TYPE:
(Check all that apply)

____ Animal type (includes insects

____ Natural Environment Type (includes heights, storms, and water)

____ Blood, Injection-Injury Type (includes seeing blood or injury or receiving an injection or other invasive procedure)

____ Situational Type (includes public transportation, tunnels, bridges, elevators, flying, driving, or enclosed places)

____ Other Type (e.g., fear or situations that may lead to choking, vomiting, or contracting illness; space phobia; or in children, avoidance of loud sounds or costumed characters)
Specify:_____

*SPECIFIC PHOBIA CHRONOLOGY

IF UNCLEAR: During the past month, have you been bothered by (PHOBIC SITUATIONS)?

Has met criteria for Specific Phobia **during past month**.

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

When was the last time you were bothered by (SPECIFIC PHOBIA)

Number of months prior to interview when last had a symptom of Simple Phobia

____ ____ ____

GO TO ***OCD***, F 12

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true