

Phobic Objects and Situations

Instructions: Make a check next to each specific object or situation in which you experience fear. Once you've checked each object or situation that frightens you, put those items in order to indicate how important a priority it is for treatment. Your highest-priority item would be ranked 1, your second-priority item would be ranked 2, and so on. Only rank the items that you checked.

Type	Check	Specific Object or Situation	Rank
Animals and Insects	<input type="checkbox"/>	Dogs	<input type="checkbox"/>
	<input type="checkbox"/>	Cats	<input type="checkbox"/>
	<input type="checkbox"/>	Mice	<input type="checkbox"/>
	<input type="checkbox"/>	Birds	<input type="checkbox"/>
	<input type="checkbox"/>	Snakes	<input type="checkbox"/>
	<input type="checkbox"/>	Spiders	<input type="checkbox"/>
	<input type="checkbox"/>	Bugs	<input type="checkbox"/>
	<input type="checkbox"/>	Other animal (_____)	<input type="checkbox"/>
Blood, Injection, or Injury	<input checked="" type="checkbox"/>	Blood	<u>3</u>
	<input checked="" type="checkbox"/>	Needles	<u>2</u>
	<input checked="" type="checkbox"/>	Doctors/hospitals	<u>1</u>
	<input type="checkbox"/>	Dentists	<input type="checkbox"/>
Natural Environment	<input type="checkbox"/>	Heights (e.g., balconies, ladders, bridges, ledges)	<input type="checkbox"/>
	<input type="checkbox"/>	Dark	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	Thunder and lightning	<u>5</u>
	<input type="checkbox"/>	Water	<input type="checkbox"/>
Situational	<input type="checkbox"/>	Closed in places (e.g., tunnels, elevators, small rooms, stairwells)	<input type="checkbox"/>
	<input type="checkbox"/>	Driving (e.g., on freeways, city streets, or in poor weather)	<input type="checkbox"/>
	<input type="checkbox"/>	Airplanes	<input type="checkbox"/>
	<input type="checkbox"/>	Trains	<input type="checkbox"/>
Other	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	Choking	<u>4</u>
	<input type="checkbox"/>	Other (_____)	<input type="checkbox"/>
	<input type="checkbox"/>	Other (_____)	<input type="checkbox"/>
	<input type="checkbox"/>	Other (_____)	<input type="checkbox"/>
	<input type="checkbox"/>	Other (_____)	<input type="checkbox"/>

Figure 4.1

Example of Phobic Objects and Situations form