**FD**

For the following set of questions, please indicate how anxious you feel when you are **alone** in these places of situations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all Anxious | Slightly Anxious | Moderately Anxious | Very Anxious | Extremely Anxious |
| Camping in the woods at night in the dark | 0 | 1 | 2 | 3 | 4 |
| Walking through a completely dark cave | 0 | 1 | 2 | 3 | 4 |
| Sitting in an unfamiliar room in the dark | 0 | 1 | 2 | 3 | 4 |
| Sitting in a room in your home in the dark | 0 | 1 | 2 | 3 | 4 |
|  | Not at all Anxious | Slightly Anxious | Moderately Anxious | Very Anxious | Extremely Anxious |
| Walking through your basement in the dark | 0 | 1 | 2 | 3 | 4 |
| Sitting in your home during a power outage in the dark | 0 | 1 | 2 | 3 | 4 |
| Waking up in your bedroom in the dark | 0 | 1 | 2 | 3 | 4 |
| Walking to your bathroom in the dark | 0 | 1 | 2 | 3 | 4 |
|  | Not at all Anxious | Slightly Anxious | Moderately Anxious | Very Anxious | Extremely Anxious |
| Walking down a familiar street that is poorly lit | 0 | 1 | 2 | 3 | 4 |
| Walking down an unfamiliar street that is poorly lit | 0 | 1 | 2 | 3 | 4 |
| Driving on an unfamiliar road at night | 0 | 1 | 2 | 3 | 4 |
| Driving on a familiar road at night | 0 | 1 | 2 | 3 | 4 |

For the next set of questions, please indicate the extent to which each statement describes you when you are **alone in the dark.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Slightly | Moderately | Very | Extremely |
| Afraid | 0 | 1 | 2 | 3 | 4 |
| Irritable | 0 | 1 | 2 | 3 | 4 |
| Worried | 0 | 1 | 2 | 3 | 4 |
| Comfortable | 0 | 1 | 2 | 3 | 4 |
|  | Not at all | Slightly | Moderately | Very Anxious | Extremely |
| Agitated | 0 | 1 | 2 | 3 | 4 |
| Heart races | 0 | 1 | 2 | 3 | 4 |
| At ease | 0 | 1 | 2 | 3 | 4 |
| Bored | 0 | 1 | 2 | 3 | 4 |
|  | Not at all | Slightly | Moderately | Very Anxious | Extremely |
| Palm sweats | 0 | 1 | 2 | 3 | 4 |
| Thoughts race | 0 | 1 | 2 | 3 | 4 |
| Relieved | 0 | 1 | 2 | 3 | 4 |
| Safe | 0 | 1 | 2 | 3 | 4 |

For the following set of questions, please indicate how often you do or feel each item **as an adult.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Almost never | Infrequently | Sometimes | Frequently | Almost always |
| Avoid streets that are poorly lit | 0 | 1 | 2 | 3 | 4 |
| Leave events early to avoid walking home in the dark | 0 | 1 | 2 | 3 | 4 |
| Avoid outdoor activities at night | 0 | 1 | 2 | 3 | 4 |
| Felt more afraid of the dark than others | 0 | 1 | 2 | 3 | 4 |

For the following set of questions, please indicate how often you did or felt each item **as a child.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Almost never | Infrequently | Sometimes | Frequently | Almost always |
| Felt afraid of the dark | 0 | 1 | 2 | 3 | 4 |
| Felt afraid when you played hide and seek in the dark | 0 | 1 | 2 | 3 | 4 |
| Felt more afraid of the dark than other children | 0 | 1 | 2 | 3 | 4 |
| Slept with a night light | 0 | 1 | 2 | 3 | 4 |
| Slept with your parents because of your fear of the dark | 0 | 1 | 2 | 3 | 4 |