

xi. Specific Phobia Questionnaire (SPQ)

Overview:

Description:	The Specific Phobia Questionnaire is a 45-item scale that measures different situations that people may fear and avoid.
Reference and Terms of Use:	Reference: © 2012 Nichole Fairbrother and Martin M. Antony Terms of Use: Permissions granted by Dr. Antony to use the SPQ for IASP clinical services. The copyright notice must be included in all reproductions of the questionnaire.
Guidelines for use within IASP:	Administer with client at: <ol style="list-style-type: none">1. Assessment (if prompted by results of the DART Questionnaire and Screener Key), and2. Every week through treatment, if Specific Phobia is the main problem descriptor. <p>See scoring section to determine use of Specific Phobia as a main problem descriptor.</p> <p>Please note that the use of the SPQ remains under discussion with the Clinical Model and Guidelines Committee and is subject to change.</p>
Scoring Instructions:	For each of the 45 situations, respondents score from 0-4 on 2 scales: Fear Scale and Interference Scale. For scoring, only include scores from items on the Fear scale responses. You may also administer the Interference scale for clinical purposes if it seems highly likely that a specific phobia will become the main problem descriptor and will be your focus of therapy. Sum the specific Fear Scale items to create 5 different composite scores: <ul style="list-style-type: none">• Animals (sum of items: 3, 6, 8, 11, 30, 31, 36, 37, 39, 43)• Natural environment (sum of: 1, 2, 13, 14, 23, 27, 32, 33, 38)• Situational (sum of: 4, 7, 16, 22, 26, 29, 34, 40)• Blood/Injection/Injury (sum of: 5, 9, 10, 15, 17, 18, 19, 21, 24, 25, 28, 35, 41, 42)• Other (sum of: 12, 20)

Questionnaire on subsequent page

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Below are 45 different situations that people may fear or avoid. For some people, the fear and avoidance occurs frequently enough to cause them interference in their daily lives. This questionnaire has two parts:

1. For each of the 45 situations please indicate how fearful you are of each situation. Please use the following scale as a guide.

FEAR SCALE

No fear	0	I am not at all fearful of this situation.
Mild fear	1	I am a little fearful of this situation, but my fear is manageable. I probably would not avoid the situation, but I might take some minor precautions to protect myself if I was in the situation.
Moderate fear	2	I am quite fearful of this situation. I would probably avoid the situation from time to time, and I would take precautions to protect myself in the situation.
Severe fear	3	I am very fearful of this situation or I would usually avoid it because of fear.
Extreme fear	4	I'm extremely terrified of this situation or would always avoid it all cost.

2. For each of the 45 situations please indicate how much your fear interferes with your life (i.e. work, social life, family, hobbies, etc.). Please use the following scale as a guide.

INTERFERENCE SCALE

No interference	0	This fear does not interfere with any aspects of my life.
Mild interference	1	This fear interferes with my life, but only in very small ways (e.g., it only comes up once in a while, and doesn't stop me from doing most things that I want to do).
Moderate interference	2	This fear interferes with some activities that are important to me (e.g., going to my favourite restaurant, visiting friends in the hospital, taking certain vacations). The fear definitely causes problems in my life.
Severe interference	3	This fear prevents me from completing some important life tasks (e.g., getting married, having relationships and friendships, enjoyable hobbies, attending important medical appointments, going to school, working, caring for my children).
Extreme interference	4	This fear prevents me from completing many important life tasks (e.g., getting married, having relationships and friendships, enjoying hobbies, attending important medical appointments, going to school, working, caring for my children).

Situation	FEAR	LIFE INTERFERENCE
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	None	Mild	Moderate	Severe	Extreme		None	Mild	Moderate	Severe	Extreme
1. High open places	0	1	2	3	4		0	1	2	3	4
2. The dark	0	1	2	3	4		0	1	2	3	4
3. Birds	0	1	2	3	4		0	1	2	3	4
4. Tunnels	0	1	2	3	4		0	1	2	3	4
5. Watching someone else get an injection	0	1	2	3	4		0	1	2	3	4
6. Cats	0	1	2	3	4		0	1	2	3	4
7. Driving on highways	0	1	2	3	4		0	1	2	3	4
8. Dogs	0	1	2	3	4		0	1	2	3	4
9. Getting minor surgery	0	1	2	3	4		0	1	2	3	4
10. Watching someone else getting stitches	0	1	2	3	4		0	1	2	3	4
11. Bees or wasps	0	1	2	3	4		0	1	2	3	4
12. Choking	0	1	2	3	4		0	1	2	3	4
13. Standing on a ladder	0	1	2	3	4		0	1	2	3	4
14. Swimming in a swimming pool	0	1	2	3	4		0	1	2	3	4
15. Visiting a hospital	0	1	2	3	4		0	1	2	3	4
16. Enclosed places	0	1	2	3	4		0	1	2	3	4
17. Giving blood	0	1	2	3	4		0	1	2	3	4
18. Having your blood pressure taken	0	1	2	3	4		0	1	2	3	4
19. Visiting the dentist	0	1	2	3	4		0	1	2	3	4
20. Vomiting	0	1	2	3	4		0	1	2	3	4
21. Watching someone else give blood	0	1	2	3	4		0	1	2	3	4
22. Flying in an airplane	0	1	2	3	4		0	1	2	3	4
23. Swimming in a lake or ocean	0	1	2	3	4		0	1	2	3	4
24. Watching surgery on television	0	1	2	3	4		0	1	2	3	4
25. Attending to someone else's cut	0	1	2	3	4		0	1	2	3	4
26. Driving in bad weather	0	1	2	3	4		0	1	2	3	4
27. Looking out the window on the top floor of a tall building	0	1	2	3	4		0	1	2	3	4
28. Attending to your own cut	0	1	2	3	4		0	1	2	3	4
29. Elevators	0	1	2	3	4		0	1	2	3	4
30. Moths or butterflies	0	1	2	3	4		0	1	2	3	4
31. Rodents (e.g., mice, rats)	0	1	2	3	4		0	1	2	3	4

32. Boating in deep water	0	1	2	3	4		0	1	2	3	4
33. Thunder and lightning	0	1	2	3	4		0	1	2	3	4
34. Driving in new places	0	1	2	3	4		0	1	2	3	4
35. Receiving an injection	0	1	2	3	4		0	1	2	3	4
36. Snakes	0	1	2	3	4		0	1	2	3	4
37. Bugs	0	1	2	3	4		0	1	2	3	4
38. Heavy rain	0	1	2	3	4		0	1	2	3	4
39. Worms	0	1	2	3	4		0	1	2	3	4
40. Bridges	0	1	2	3	4		0	1	2	3	4
41. Developing an illness	0	1	2	3	4		0	1	2	3	4
42. Blood tests	0	1	2	3	4		0	1	2	3	4
43. Spiders	0	1	2	3	4		0	1	2	3	4
44. Other (specify): _____	0	1	2	3	4		0	1	2	3	4
45. Other (specify): _____	0	1	2	3	4		0	1	2	3	4
TOTAL SCALE SCORE:	_____						_____				