

## The Medical Fear Survey

The following situations are known to cause some people to experience fear and apprehension. Please rate for each situation listed, how much **fear** or **tension** you would experience if you were exposed to that situation at this time. Use the following scale to evaluate each situation and place a mark (X) in the space corresponding to how much **fear** or **tension** you would experience in the listed situation.

**0** = No fear or concern at all, **1** = Mild fear, **2** = Considerable fear, **3** = Intense fear

How Much Fear or Discomfort Would You Experience From: 0      1      2      3

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1. cutting with a hunting knife	_____
2. seeing a small vial of your own blood	_____
3. observing someone chop with an axe	_____
4. feeling like you will faint	_____
5. seeing a small test tube of animal blood	_____
6. feeling pains in your chest	_____
7. observing a surgical amputation	_____
8. receiving a hypodermic injection in the arm	_____
9. having a severe headache	_____
10. seeing a mutilated body on TV	_____
11. seeing a small bottle of human blood on TV	_____
12. having blood drawn from your arm	_____
13. observing someone operate a power saw	_____
14. seeing a large bottle of your own blood	_____
15. handling a butcher knife	_____
16. having a blood sample drawn from your finger tip	_____
17. handling an open pocket knife	_____
18. seeing someone receiving an injection in the arm	_____
19. seeing a bleeding wound to a person's eye	_____
20. feeling your heart race for no obvious reason	_____
21. seeing the mutilated body of a dog that had been run over by a car	_____
22. feeling odd tingling in your arm	_____
23. seeing photos of wounded soldiers from war	_____
24. feeling nauseated	_____
25. seeing a small vial of human blood	_____

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Scoring: INJECTIONS & BLOOD DRAWS (#8, 12, 16, 18); SHARP OBJECTS (#1, 3, 13, 15, 17); EXAMINATIONS & SYMPTOMS (#4, 6, 9, 20, 22, 24); BLOOD (#2, 5, 11, 14, 25); MUTILATION (#7, 10, 19, 21, 23).