## **CROWN-CRISP INDEX OF PHOBIC ANXIETY**

1. Do you have an unreasonable fear of enclosed Never Sometimes Often spaces such as shops, elevators, etc?

2. Are you scared of heights? Not at all Moderately Very

3. Do you feel panicky in crowds?

Never Sometimes Always

4. Do you find yourself worrying about getting some incurable illness? Never Sometimes Often

5. Do you dislike going out alone? No Yes

6. Do you feel uneasy traveling on buses or trains even if they are not crowded?

Not at all A little Definitely

7. Do you feel more relaxed indoors? Not particularly Sometimes Definitely

8. Do you worry unduly when relatives are No Yes late coming home?

Possible scores 0 to 16