

5. Have you noticed any physical sensations that typically trigger anxiety?

ASSESSING FEARED OUTCOMES

1. What is it specifically about (the feared stimulus) that is so distressing to you?
2. What are you afraid will happen if you expose yourself to (the feared Stimulus)?
3. Is there some negative outcome or catastrophe that you think will occur if you come into contact with (the feared stimulus)?

ASSESSING SAFETY BEHAVIORS

1. What types of things do you do to try to prevent yourself from feeling anxious about (the feared stimulus)?
2. When you do come in contact with (the feared stimulus), do you do anything to try to reduce the amount of anxiety you feel?
3. After you have been exposed to (the feared stimulus), are there any behaviors or rituals you engage in to try to decrease the risk that the feared outcomes will occur?