



**Social Anxiety Questionnaire – Part 1**

When you are in the following situations do you feel anxious that others are watching, judging, or potentially criticising you?

1	On a date?	Yes / No
2	Being introduced to someone for the first time?	Yes / No
3	In a job interview?	Yes / No
4	Teaching in a classroom?	Yes / No
5	Giving a presentation?	Yes / No
6	Speaking in public in a group?	Yes / No
7	At a meeting?	Yes / No
8	In a social function?	Yes / No
9	Dining out?	Yes / No
10	Communicating with people perceived as authority figures?	Yes / No
11	Using a public convenience?	Yes / No
12	Keeping a dialogue going?	Yes / No
13	Paying bills in public?	Yes / No
14	Confrontations with staff?	Yes / No
15	Saying NO to others when the requests are unreasonable?	Yes / No
16	On stage, or theatrical situations?	Yes / No



# The Centre For Cognitive Behavioural Therapy

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## Social Anxiety Questionnaire – Part 2

Do you feel any of the following symptoms in these social situations?

1	Scared	Yes / No
2	Nervous	Yes / No
3	Fear of losing control	Yes / No
4	Dizzy	Yes / No
5	Pain in chest	Yes / No
6	Choking	Yes / No
7	Sweating	Yes / No
8	Fear of dying	Yes / No
9	Fear of going crazy	Yes / No
10	Accelerated heart rate	Yes / No