

# **social phobia weekly summary scale**

name: ..... date: .....

- a) Please circle a number from the scale below that best describes how severe your social anxiety has been in the last week:

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
not at all disturbing and/or disabling		slightly disturbing and/or disabling		definitely disturbing and/or disabling		markedly disturbing and/or disabling		severely disturbing and/or disabling

- b) Please circle a number from the scale below to show how often in the last week you have avoided difficult social situations or aspects of those situations.

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
not at all		rarely		sometimes		often		always

- c) For social situations *in general*, please choose a number from the scale below to show the extent to which your attention was focused on yourself or on the external situation in the last week.

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
entirely externally focused				both equally				entirely self focused

- d) For social situations *that you found difficult*, please choose a number from the scale below to show the extent to which your attention was focused on yourself or on the external situation in the last week.

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
entirely externally focused				both equally				entirely self focused

- e) Over the past week how often have you gone over in your mind things that you think might go wrong in a social situation *before* entering the situation.

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
not at all		rarely		sometimes		often		always

- f) Over the past week how often have you gone over social interactions in your mind *after* they have finished.

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
not at all		rarely		sometimes		often		always

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