Agoraphobic Cognitions Questionnaire

Client ID ................................................. Date .................................................

Below are some thoughts or ideas that may pass through your mind when you are nervous or frightened. Please indicate how often each thought occurs when you are nervous, rate from 1-5 using the scale below:

<table>
<thead>
<tr>
<th>Thought</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>never</td>
<td>1</td>
</tr>
<tr>
<td>rarely</td>
<td>2</td>
</tr>
<tr>
<td>during half of the times</td>
<td>3</td>
</tr>
<tr>
<td>usually</td>
<td>4</td>
</tr>
<tr>
<td>always</td>
<td>5</td>
</tr>
</tbody>
</table>

...when I am nervous

Please rate all items.

1. I am going to throw up
2. I am going to pass out
3. I must have a brain tumor
4. I will have a heart attack
5. I will choke to death
6. I am going to act foolish
7. I am going blind
8. I will not be able to control myself
9. I will hurt someone
10. I am going to have a stroke
11. I am going crazy
12. I am going to scream
13. I am going to babble or talk funny
14. I am going to be paralyzed by fear
15. Other ideas not listed (please describe and rate them)

1 2 3 4 5

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