

## Social Phobia Inventory (SPIN)\*

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate how much the following problems have bothered you **during the past week**. Mark only one box for each problem, and be sure to answer all items.

	NOT AT ALL	A LITTLE BIT	SOME- WHAT	VERY MUCH	EXTREMELY
1. I am afraid of people in authority.	<input type="checkbox"/>				
2. I am bothered by blushing in front of people.	<input type="checkbox"/>				
3. Parties and social events scare me.	<input type="checkbox"/>				
4. I avoid talking to people I don't know.	<input type="checkbox"/>				
5. Being criticized scares me a lot.	<input type="checkbox"/>				
6. Fear of embarrassment causes me to avoid doing things or speaking to people.	<input type="checkbox"/>				
7. Sweating in front of people causes me distress.	<input type="checkbox"/>				
8. I avoid going to parties.	<input type="checkbox"/>				
9. I avoid activities in which I am the center of attention.	<input type="checkbox"/>				
10. Talking to strangers scares me.	<input type="checkbox"/>				
11. I avoid having to give speeches.	<input type="checkbox"/>				
12. I would do anything to avoid being criticized.	<input type="checkbox"/>				
13. Heart palpitations bother me when I am around people.	<input type="checkbox"/>				
14. I am afraid of doing things when people might be watching.	<input type="checkbox"/>				
15. Being embarrassed or looking stupid is among my worst fears.	<input type="checkbox"/>				
16. I avoid speaking to anyone in authority.	<input type="checkbox"/>				
17. Trembling or shaking in front of others is distressing to me.	<input type="checkbox"/>				

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FOR CLINICIAN USE

## ***Social Phobia Inventory (SPIN)***

### **Scoring**

<b>SEVERITY</b>	<b>NONE/ VERY MILD</b>	<b>MILD</b>	<b>MODERATE</b>	<b>SEVERE</b>	<b>VERY SEVERE</b>
Score	Less than 20	21–30	31–40	41–50	51 or more

A total score of  $\geq 19$  and associated dysfunction (work, home, or social) suggests a diagnosis of social anxiety disorder, to be confirmed clinically based on the DSM-5 criteria.