

What Are We Afraid Of?

Common Fears Survey



Everyone is afraid of something! Help us learn about what scares us by completing this form. Don't write your name on the form! Your answers are anonymous. We'll look at all of the responses and display the results collectively, not individually.

Please check each item below that frightens you. Then circle the one thing that frightens you the most.

- | | |
|---|---|
| <input type="checkbox"/> Darkness | <input type="checkbox"/> Flying in an airplane |
| <input type="checkbox"/> Heights | <input type="checkbox"/> Ghosts, monsters, or other supernatural creatures |
| <input type="checkbox"/> Crowds | <input type="checkbox"/> Death |
| <input type="checkbox"/> Small or confined spaces | <input type="checkbox"/> Cemeteries |
| <input type="checkbox"/> Tests | <input type="checkbox"/> Specific animals (Spiders, bats, dogs... Please list specific animal or animals below) |
| <input type="checkbox"/> Roller coasters or other amusement park rides | _____ |
| <input type="checkbox"/> Thunderstorms | _____ |
| <input type="checkbox"/> Tornadoes, hurricanes, or other violent storms | <input type="checkbox"/> Other (Please list below) |
| <input type="checkbox"/> Public speaking | _____ |
| <input type="checkbox"/> Crossing bridges | _____ |
| <input type="checkbox"/> Basements or cellars | _____ |
| <input type="checkbox"/> Visiting a doctor or dentist | |
| <input type="checkbox"/> Water | |
| <input type="checkbox"/> Loud noises | |
| <input type="checkbox"/> Separation from parents | |
| <input type="checkbox"/> Strangers | |
| <input type="checkbox"/> Blood | |

