

Name \_\_\_\_\_

Date: \_\_\_\_\_

**MOBILITY INVENTORY**

1. Please indicate the degree to which you avoid the following places or situations because of discomfort or anxiety. Rate your amount of avoidance when you are with a trusted companion and when you are alone. Do this by using the following scale:

1	2	3	4	5
never avoid	rarely avoid	avoid about half of the time	avoid most of the time	always avoid

Circle the number for each situation or place under both conditions: when accompanied and when alone. Leave blank situations that do not apply to you.

PLACES	WHEN ACCOMPANIED					WHEN ALONE				
Theaters	1	2	3	4	5	1	2	3	4	5
Supermarkets	1	2	3	4	5	1	2	3	4	5
Shopping malls	1	2	3	4	5	1	2	3	4	5
Classrooms	1	2	3	4	5	1	2	3	4	5
Department stores	1	2	3	4	5	1	2	3	4	5
Restaurants	1	2	3	4	5	1	2	3	4	5
Museums	1	2	3	4	5	1	2	3	4	5
Elevators	1	2	3	4	5	1	2	3	4	5
Auditoriums/stadiums	1	2	3	4	5	1	2	3	4	5
Garages	1	2	3	4	5	1	2	3	4	5
High Places	1	2	3	4	5	1	2	3	4	5
Please tell how high										
Enclosed spaces	1	2	3	4	5	1	2	3	4	5
OPEN SPACES	WHEN ACCOMPANIED					WHEN ALONE				
Outside (for example: fields, wide streets, courtyards)	1	2	3	4	5	1	2	3	4	5
Inside (for example, large rooms, lobbies)	1	2	3	4	5	1	2	3	4	5
RIDING IN	WHEN ACCOMPANIED					WHEN ALONE				
Buses	1	2	3	4	5	1	2	3	4	5
Trains	1	2	3	4	5	1	2	3	4	5
Subways	1	2	3	4	5	1	2	3	4	5
Airplanes	1	2	3	4	5	1	2	3	4	5
Boats	1	2	3	4	5	1	2	3	4	5
DRIVING OR RIDING IN A CAR	WHEN ACCOMPANIED					WHEN ALONE				
At anytime	1	2	3	4	5	1	2	3	4	5
On expressways	1	2	3	4	5	1	2	3	4	5
SITUATIONS	WHEN ACCOMPANIED					WHEN ALONE				
Standing in lines	1	2	3	4	5	1	2	3	4	5
Crossing bridges	1	2	3	4	5	1	2	3	4	5
Parties or social gatherings	1	2	3	4	5	1	2	3	4	5
Walking on the street	1	2	3	4	5	1	2	3	4	5
Staying home alone	1	2	3	4	5	1	2	3	4	5
Being far away from home	1	2	3	4	5	1	2	3	4	5
Other (specify):	1	2	3	4	5	1	2	3	4	5

2. After completing the first step, circle the 5 items with which you are most concerned. Of the items listed, these are the five situations or places where avoidance/anxiety most affects your life in a negative way.

### PANIC ATTACKS

3. We define a panic attack as:

1. A high level of anxiety accompanied by.....
2. strong body reactions (heart palpitations, sweating, muscle tremors, dizziness, nausea) with.....
3. the temporary loss of the ability to plan, think, or reason and.....
4. the intense desire to escape or flee the situation (Note: this is different from high anxiety or fear alone).

Please indicate the number of panic attacks you have had in the past 7 days: \_\_\_\_\_

How severe or intense have the panic attacks been? (Place an X on the line below):

1	2	3	4	5
very mild	mild	moderately	very	extremely

4. Many people are able to travel alone freely in the area (usually around their home) called their safety zone. Do you have such a zone? If yes, please describe:

a. Its location:

b. Its size (e.g. radius from home):