Thalassophobia Test

Name: _____ **Date:** _____ dd / mm / yyyy

Instructions: 1. Read each statement below and decide how much it applies to you. 2. Circle the number on the scale that best reflects how much you agree with each statement. 3. Once you have answered all the questions, add your scores to see your results. Scale: 0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

The thought of being in the deep ocean makes me feel anxious.

◯ ◯ ◯ ◯ ◯
0 1 2 3 4

Even thinking about the sea or deep water makes my heart race.

◯ ◯ ◯ ◯ ◯
0 1 2 3 4

I avoid swimming or going on boats because of my fear of the ocean.

◯ ◯ ◯ ◯ ◯
0 1 2 3 4

Watching movies or videos that take place in the ocean makes me feel uneasy.

◯ ◯ ◯ ◯ ◯
0 1 2 3 4

I worry about being attacked by sea creatures when near the ocean.

◯ ◯ ◯ ◯ ◯
0 1 2 3 4

The idea of not being able to see the bottom of the ocean scares me.

◯ ◯ ◯ ◯ ◯
0 1 2 3 4

I get nervous or scared when I see large bodies of water, like lakes or oceans.

◯ ◯ ◯ ◯ ◯
0 1 2 3 4

My fear of the ocean affects my daily life and activities.

◯ ◯ ◯ ◯ ◯
0 1 2 3 4

I have experienced panic attacks or extreme anxiety when near the ocean.

◯ ◯ ◯ ◯ ◯
0 1 2 3 4

I avoid traveling to locations near the ocean because of my fear.

◯ ◯ ◯ ◯ ◯
0 1 2 3 4

Once you have answered all the questions and added up your scores, the results can be interpreted as follows: Score Interpretation: 0-10 Mild or no thalassophobia, 11-20 Moderate thalassophobia, 21-30 Severe thalassophobia, 31-40 Extreme thalassophobia. Note: This test is not a diagnostic tool and should not be used as a substitute for professional help. If you are experiencing severe anxiety or panic related to the ocean, it is recommended that you seek the help of a qualified mental health professional.