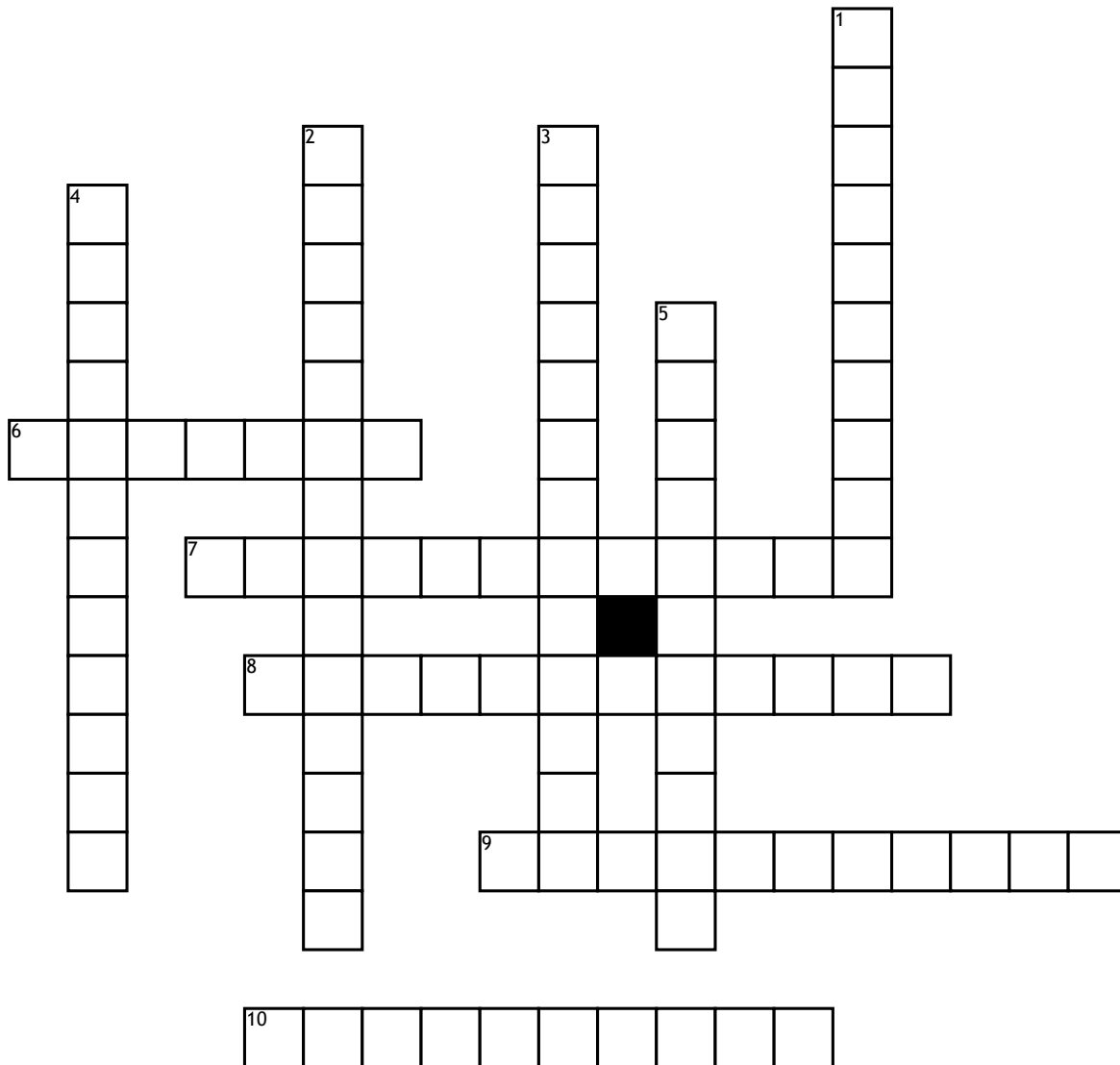


Name: _____

Date: _____

Phobias and panic disorder



Across

- 6. feeling of worry nervousness and unease
- 7. fear of public speaking
- 8. fear of hair
- 9. a sudden feeling of acute and disabling anxiety

10. fear of heights

Down

- 1. fear of women
- 2. fear of small spaces
- 3. fear of spiders
- 4. fear of bananas
- 5. fear of light