Needle phobia hierarchy

Choose a meaningful starting point. Difficulty estimates are optional: 0 = least difficult, 10 = most difficult.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

My goal

Safety and support

Agreed practice step	Prediction	Approx. difficulty	Review / support

First step / agreed materials / review date

Agree fainting precautions with healthcare staff. Real procedures remain with trained healthcare professionals.

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Plan and review one step

Needle phobia hierarchy - keep genuine safety precautions and choose a step you agree to.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

Chosen step / prediction

What I will look for

Habit to change / support to keep

When, where and agreed endpoint

What actually happened

Learning / next agreed step

Agree fainting precautions with healthcare staff. Real procedures remain with trained healthcare professionals.

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Using this resource

Needle phobia hierarchy

What this helps with

Needle-related practice does not mean handling needles or carrying out procedures yourself. It can begin with words, a conversation or a simple image that you have chosen in advance. The relevant step depends on whether you fear pain, fainting, loss of control or another outcome. Use this planner with a therapist to connect practice to your healthcare goal. Keep necessary clinical support in place and review what each step teaches you.

How to use it

1. State the healthcare goal and the feared outcome you want to understand.
2. Agree non-procedural steps and decide exactly what material will be used.
3. Record fainting considerations and support before any practice.
4. Choose one step and a clear opportunity to observe the prediction.
5. Review what you noticed and agree the next step; necessary procedures remain with healthcare staff.

A fictional worked example

Grace wanted to attend a vaccination appointment but felt distressed even hearing the word "injection". Her therapist helped her describe the prediction: talking about it would become so overwhelming that she would be unable to continue the conversation. They agreed a short discussion, followed later by a simple diagram that Grace had approved. Neither step involved sharp equipment. She noticed anxiety and was still able to describe her questions. They recorded that experience and discussed what support would be needed at the appointment. A photograph or procedure was not introduced unexpectedly, and there was no requirement to complete every step that day.

Keep in mind

Do not obtain, handle or practise with sharps. Do not use videos or images without checking their content and agreeing to them first. Fainting risk and relevant medical conditions need professional assessment. Exposure must not replace or unnecessarily postpone necessary healthcare.

Sources and attribution

Guy's and St Thomas' NHS Foundation Trust. (2024). Needle phobia and overcoming your fear.

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. Behaviour Research and Therapy, 58, 10-23.

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