BODY SENSATIONS QUESTIONNAIRE

1. Below is a list of specific body sensations that may occur when you are nervous or in a feared situation. Please mark down how afraid you are of these feelings. Use a the five point scale below to rate them from  '1' not worried to '5' extremely frightened.

   1. Not frightened or worried by this sensation.
   2. Somewhat frightened by this sensation.
   3. Moderately frightened by this sensation.
   4. Very frightened by this sensation.
   5. Extremely frightened by this sensation.

2. Circle the three sensations which you find most difficult in your life. These feelings would be the frightening feelings which occur most frequently.

   ___ 1. Heart palpitations
   ___ 2. Pressure or a heavy feeling in chest
   ___ 3. Numbness in arms or legs
   ___ 4. Tingling in the fingertips
   ___ 5. Numbness in another part of your body
   ___ 6. Feeling short of breath
   ___ 7. Dizziness
   ___ 8. Blurred or distorted vision
   ___ 9. Nausea
   ___ 10. Having "Butterflies" in your stomach
   ___ 11. Feeling a knot in your stomach
   ___ 12. Having a lump in your throat
   ___ 13. Wobbly or rubber legs
   ___ 14. Sweating
   ___ 15. A dry throat
   ___ 16. Feeling disoriented and confused
   ___ 17. Feeling disconnected from your body: Only partly present
   ___ 18. Other 

Please describe __________________________________________
_________________________________________________________
_________________________________________________________