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 ____________________________________________
   ________________________________________________________
   ________________________________________________________