Body Sensations Questionnaire

Below is a list of specific body sensations that may occur when you are nervous or in a

Date

Client ID

| | | se mark down | how afraid you are o | of these | feelii | ngs. U | Ise the | e follo | wing | |
|---------|---|-----------------|------------------------|----------|--------|-----------|---------|---------|------|--|
| five po | oint scale: | | | | | | | | | |
| | 1 | 2 | 3 | 4 | | 5 | | | | |
| no | | | | | 7 | extremely | | | | |
| Please | rate all items. | tr | ightened by this sensi | ation. | | | | | | |
| 1. he | eart palpitation | S | | | 1 | 2 | 3 | 4 | 5 | |
| | • • | | shest | | 1 | 2 | 3 | 4 | 5 | |
| | not at all somewhat moderatelyfrightened by this sensation are rate all items. heart palpitations pressure or a heavy feeling in chest numbness in arms or legs tingling in the fingertips numbness in another part of your body feeling short of breath dizziness blurred or distorted vision nausea having "butterflies" in your stomach feeling a knot in your stomach having a lump in your throat wobbly or rubber legs sweating a dry throat | | | | 1 | 2 | 3 | 4 | | |
| | _ | | | | | | | | 5 | |
| | | | | | | 2 | 3 | 4 | 5 | |
| | | | | | 1 | 2 | 3 | 4 | 5 | |
| | _ | | | | 1 | 2 | 3 | 4 | 5 | |
| | | | | | | 2 | 3 | 4 | 5 | |
| 8. bl | | | | | | 2 | 3 | 4 | 5 | |
| 9. na | ausea | | | | 1 | 2 | 3 | 4 | 5 | |
| 10. ha | aving "butterfli | es" in your sto | mach | | 1 | 2 | 3 | 4 | 5 | |
| 11. fe | . feeling a knot in your stomach | | | | | 2 | 3 | 4 | 5 | |
| 12. ha | 2. having a lump in your throat | | | | | 2 | 3 | . 4 | 5 | |
| 13. w | wobbly or rubber legs | | | | | 2 | 3 | 4 | 5 | |
| 14. sv | sweating | | | | 1 | 2 | 3 | 4 | 5 | |
| 15. a | a dry throat | | | | 1 | 2 | 3 | 4 | 5 | |
| 16. fe | 5. feeling disoriented and confused | | | | 1 | 2 | 3 | 4 | 5 | |
| 17. fe | eling disconne | cted from your | body: only partly pr | esent | 1 | 2 | 3 | 4 | 5 | |
| 18. ot | her (please des | cribe) | | | 1 | 2 | 3 | 4 | 5 | |
| | ••••• | ••••• | | | 1 | 2 | 3 | 4 | 5 | |
| •• | | | ••••• | | 1 | 2 | 3 | 4 | 5 | |
| | | | | | | | | | | |

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