Body Sensations Questionnaire

Client ID ........................................ Date ........................................

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 the following five point scale:

1 2 3 4 5
not at all somewhat moderately very extremely
........frightened by this sensation.

Please rate all items.

1. heart palpitations 1 2 3 4 5
2. pressure or a heavy feeling in chest 1 2 3 4 5
3. numbness in arms or legs 1 2 3 4 5
4. tingling in the fingertips 1 2 3 4 5
5. numbness in another part of your body 1 2 3 4 5
6. feeling short of breath 1 2 3 4 5
7. dizziness 1 2 3 4 5
8. blurred or distorted vision 1 2 3 4 5
9. nausea 1 2 3 4 5
10. having "butterflies" in your stomach 1 2 3 4 5
11. feeling a knot in your stomach 1 2 3 4 5
12. having a lump in your throat 1 2 3 4 5
13. wobbly or rubber legs 1 2 3 4 5
14. sweating 1 2 3 4 5
15. a dry throat 1 2 3 4 5
16. feeling disoriented and confused 1 2 3 4 5
17. feeling disconnected from your body: only partly present 1 2 3 4 5
18. other (please describe) ........................................................
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