

Nijmegen Questionnaire

Name:	DOB:
--------------	-------------

Date:	1:	2:	3:
--------------	----	----	----

Score /64:	1:	2:	3:
-------------------	----	----	----

Frequency	Never			Rare			Sometimes			Often			Very Often		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Chest pain (sore chest wall)															
Feeling tense (physical tension)															
Blurred vision (fuzzy eyes)															
Dizzy spells (light-headedness)															
Feeling confused (poor concentration/spaced out)															
Faster deeper breathing															
Short of breath (breathlessness)															
Tight feelings in chest															
Bloated feeling in stomach (upset gut)															
Tingling fingers															
Unable to breathe deeply (sighing a lot)															
Stiff fingers or arms															
Tight feelings around mouth															
Cold hands or feet															
Heart racing (palpitations)															
Feelings of anxiety (busy brain)															