

Name: _____

Date: _____

Rate the following symptoms according to the above possible answers:
0 being "Not at all", 1 "Mildly", 2 "Moderately" and 3 "Severely".

1. Feeling hot
2. Muscle numbness or tingling
3. Feeling unable to relax
4. Dizzy or light headed
5. Feeling wobbly in the legs

6. Feeling unsteady
7. Heart racing or pounding
8. Nervousness
9. Choking feeling
10. Trembling hands

11. Unsteadiness
12. Terror or fear
13. Afraid of losing control
14. Indigestion

15. Flushed face
16. Hot or cold sweats
17. Feeling scared
18. Having laborious breathing
19. Feeling the fear of dying
20. Feeling like the worst is happening
21. Feeling faint