

BODY PERCEPTIONS QUESTIONNAIRE SHORT FORM

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BODY AWARENESS

Please rate your awareness on each of the characteristics described below. Select the answer that most accurately describes you.

“During most situations, I am aware of...”

		NEVER	OCCASIONALLY	SOMETIMES	USUALLY	ALWAYS
1	Swallowing frequently	1	2	3	4	5
2	An urge to cough to clear my throat	1	2	3	4	5
3	My mouth being dry	1	2	3	4	5
4	How fast I am breathing	1	2	3	4	5
5	Watering or tearing of my eyes	1	2	3	4	5
6	Noises associated with my digestion	1	2	3	4	5
7	A swelling of my body or parts of my body	1	2	3	4	5
8	An urge to defecate	1	2	3	4	5
9	Muscle tension in my arms and legs	1	2	3	4	5
10	A bloated feeling because of water retention	1	2	3	4	5
11	Muscle tension in my face	1	2	3	4	5
12	Goosebumps	1	2	3	4	5
13	Stomach and gut pains	1	2	3	4	5
14	Stomach distension or bloatedness	1	2	3	4	5
15	Palms sweating	1	2	3	4	5
16	Sweat on my forehead	1	2	3	4	5
17	Tremor in my lips	1	2	3	4	5
18	Sweat in my armpits	1	2	3	4	5
19	The temperature of my face (especially my ears)	1	2	3	4	5
20	Grinding my teeth	1	2	3	4	5
21	General jitteriness	1	2	3	4	5
22	The hair on the back of my neck “standing up”	1	2	3	4	5
23	Difficulty in focusing	1	2	3	4	5
24	An urge to swallow	1	2	3	4	5
25	How hard my heart is beating	1	2	3	4	5
26	Feeling constipated	1	2	3	4	5