Bodily Sensations

Instructions: For each item, record a number from 0–100 to indicate how frightened you would be to experience the physical sensation in the presence of the situation or object you fear (0 = no fear; 25 = mild fear; 50 = moderate fear; 75 = strong fear; 100 = as much fear as you can imagine. You can select any number from 0–100). Only rate your *fear of the physical feeling* (rather than fear of the object or situation). For example, if you are not at all afraid of sweating when exposed to a snake (regardless of whether the snake itself terrifies you), your fear rating for sweating would be "0." Note that a separate form should be used for each major phobia that you have (e.g., spiders, heights). Record any comments (e.g., "my fear of dizziness is a 75 when I'm driving, but only 40 when I'm a passenger") in the comments column.

Phobic object or situation: _____

Sensation	Fear of Sensation (0–100 scale)	Comments
Racing heart	_____	_____
Shortness of breath	_____	_____
Dizziness, unsteadiness, fainting	_____	_____
Chest tightness	_____	_____
Trembling or shaking	_____	_____
Sweating	_____	_____
Nausea/abdominal distress	_____	_____
Numbness, tingling feelings	_____	_____
Sense of unreality	_____	_____
Difficulty swallowing or choking sensations	_____	_____
Hot flashes or cold chills	_____	_____
Blurred vision	_____	_____
Other (specify _____)	_____	_____

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