

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: Driving on the highway

Sensation	Fear of Sensation (0–100 scale)	Comments
Racing heart	<u>25</u>	
Shortness of breath	<u>40</u>	
Dizziness, unsteadiness, fainting	<u>65</u>	<u>I am afraid that I will faint and crash the car.</u>
Chest tightness	<u>0</u>	
Trembling or shaking	<u>10</u>	
Sweating	<u>0</u>	
Nausea/abdominal distress	<u>0</u>	
Numbness, tingling feelings	<u>0</u>	
Sense of unreality	<u>20</u>	
Difficulty swallowing or choking sensations	<u>0</u>	
Hot flashes or cold chills	<u>0</u>	
Blurred vision	<u>65</u>	<u>Fear of crashing</u>
Other (specify _____)		

Figure 4.2

Example of Bodily Sensations form