



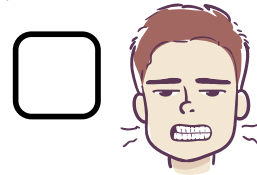
NAME: _____

DATE: _____

MENTALLY
★ WELL
SCHOOLS

HOW DOES WORRIED / SCARED FEEL IN MY BODY?

INSTRUCTIONS: Look at or think about the Brain Smoke Detector Scale. Write a 2 or a 3 in the box next to any of the body sensations which you experience when you feel like you're at 2 or 3 on the scale. Alternatively, you can colour the box **orange** if you experience it when you're at **2** or colour the box **red** if it's something you experience when you're at **3**.



My teeth or jaw feel tight or clenched



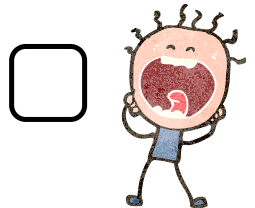
I want to cry

I can't think straight / I feel dizzy



I feel sick or like I might vomit

My eyes are wide open



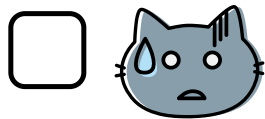
I want to

SCREAM!

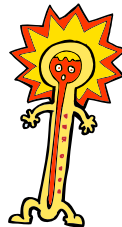
My heart beats faster



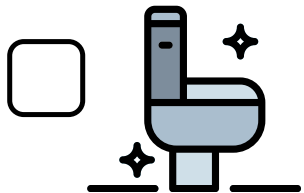
I feel like I have butterflies in my stomach or a stomach ache



I feel hot, clammy or sweaty



My fists are clenched / my muscles in my body feel tense

I feel **COLD**

I need the toilet a lot

I want to run away or avoid things

☐ Other things I experience (e.g. thoughts): _____