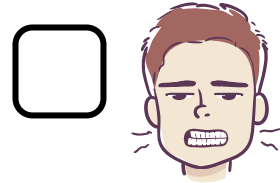


NAME: _____

DATE: _____

HOW DOES WORRIED / SCARED FEEL IN MY BODY?

INSTRUCTIONS: Tick the body sensations you experience when you feel worried or scared.



My teeth or jaw feel tight or clenched



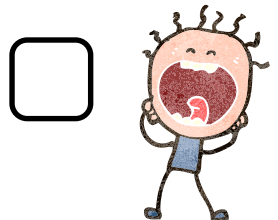
I want to cry

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!



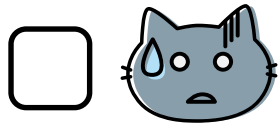
My heart beats faster



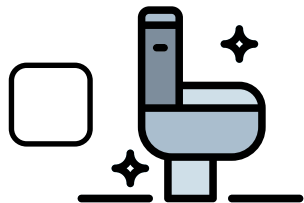
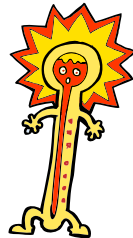
I feel like I have butterflies in my stomach or a stomach ache



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



I feel hot, clammy or sweaty



I need the toilet a lot

I feel **COLD**



I want to run away or avoid things



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