




NAME : _____ DATE : _____


HOW DOES WORRIED /STRESSED FEEL IN MY BODY?

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

☐  My teeth or jaw feel tight or clenched


☐ I can't think straight / I feel dizzy 

☐  I want to cry

☐  I feel sick or like I might vomit

☐  I want to **SCREAM!**


☐ My eyes are wide open 

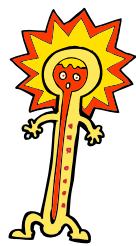


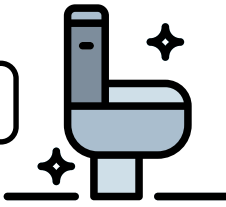
☐ My heart beats faster

☐ 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) _____