

Nijmegen Questionnaire

Rare- less than monthly

Often- at least weekly/less than daily

Sometimes- more than monthly/less than weekly

Very often- at least daily

	Never 0	Rare 1	Sometim es 2	Often 3	Very often 4
Chest pain					
Felling tense					
Blurred vision					
Dizziness					
Confusion or loss of touch with reality					
Fast or deep breathing					
Shortness of breath					
Tightness across chest					
Bloated stomach sensation					
Tingling in fingers and hands					
Difficulty in breathing or taking a deep breath					
Stiffness or cramps in fingers and hands					
Tightness around the mouth					
Cold hands or feet					
Palpitations in the chest					

Anxiety					
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