



How are things?

Date: / / **20**

Time: h m

Please put a circle around the word that shows how often each of these things happen to you.
There are no right or wrong answers.

		0	1	2	3
1	When I have a problem, I get a funny feeling in my stomach	Never	Sometimes	Often	Always
2	I suddenly feel as if I can't breathe when there is no reason for this	Never	Sometimes	Often	Always
3	When I have a problem, my heart beats really fast	Never	Sometimes	Often	Always
4	I suddenly start to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
5	When I have a problem, I feel shaky	Never	Sometimes	Often	Always
6	All of a sudden I feel really scared for no reason at all	Never	Sometimes	Often	Always
7	I suddenly become dizzy or faint when there is no reason for this	Never	Sometimes	Often	Always
8	My heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
9	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always

NHS ID:

Service allocated case ID

SUM:

