

## Nijmegen Questionnaire

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>
<b>Chest pain</b>					
<b>Feeling tense</b>					
<b>Blurred vision</b>					
<b>Dizzy spells</b>					
<b>Feeling confused</b>					
<b>Faster or deeper breathing</b>					
<b>Short of breath</b>					
<b>Tight feelings in chest</b>					
<b>Bloated feeling in stomach</b>					
<b>Tingling fingers</b>					
<b>Unable to breathe deeply</b>					
<b>Stiff fingers or arms</b>					
<b>Tight feelings round mouth</b>					
<b>Cold hands or feet</b>					
<b>Palpitations</b>					
<b>Feeling of anxiety</b>					