

Nijmegen Questionnaire

Please tick the score that best describes how often you experience each symptom

	Never 0	Rarely 1	Sometimes 2	Often 3	Very Often 4
Chest pain					
Feeling tense					
Blurred vision					
Dizzy spells					
Feeling confused					
Faster or deeper breathing					
Short of breath					
Tight feelings in chest					
Bloated feeling in stomach					
Tingling fingers					
Unable to breathe deeply					
Stiff fingers or arms					
Tight feelings around mouth					
Cold hands or feet					
Palpitations					
Feeling of anxiety					
Column total:					

TOTAL SCORE: _____ / 64