Here are some questions about things you can feel in your body . . . .

How did you feel over the last 4 weeks?

never sometimes often
1. I [ ] [ ] [ ] feel dizzy
never sometimes often
2. I [ ] [ ] [ ] feel tired
never sometimes often
3. I [ ] [ ] [ ] have a stomach ache
never sometimes often
4. I [ ] [ ] [ ] feel healthy and good
never sometimes often
5. I [ ] [ ] [ ] feel pain in my arms and legs
never sometimes often
6. I [ ] [ ] [ ] feel weak in my body
never sometimes often
7. I [ ] [ ] [ ] feel well
never sometimes often
8. I [ ] [ ] [ ] have a headache
never sometimes often
9. I [ ] [ ] [ ] feel sick
never sometimes often
10. I [ ] [ ] [ ] feel shaky or shivery
never sometimes often
11. I [ ] [ ] [ ] nauseous

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