Fear – Somatic Arousal (Ages 18+) – Fixed Form

Please respond to each question or statement by marking one box per row.

In the past 7 days…

		Not at all	A little bit	Moderately	Quite a bit	Extremely
Anxiety13	I was short of breath	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Anxiety24	I felt nauseous.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Anxiety25	I felt dizzy or lightheaded.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Anxiety28	My muscles twitched or trembled	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Anxiety31	My heart was racing or pounding.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Anxiety34	My muscles were tense or sore	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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