

NAME: _____ DATE: _____

HOW DOES WORRIED / STRESSED FEEL IN MY BODY?

INSTRUCTIONS: Tick the body sensations you experience when you feel worried or stressed.

 My teeth or jaw feel tight or clenched

 I want to cry

I can't think straight / I feel dizzy 

 I feel sick or like I might vomit

My eyes are wide open 

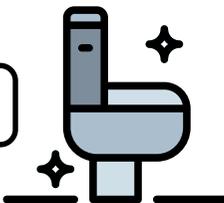
 I want to **SCREAM!**

 My heart beats faster
I feel like I have butterflies in my stomach or a stomach ache

 I feel hot, clammy or sweaty



 My fists are clenched / my muscles in my body feel tense

 I need the toilet a lot

I feel **COLD**

I want to run away or avoid things 

Other things I experience (e.g. thoughts) _____