BODY PERCEPTIONS QUESTIONNAIRE SHORT FORM

**Stephen W. Porges © 1993, 2015**

# BODY AWARENESS

Please rate your awareness on each of the characteristics described below. Select the answer that most accurately describes you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | NEVER | OCCASIONALLY | SOMETIMES | USUALLY | ALWAYS |
| 1 | Swallowing frequently | 1 | 2 | 3 | 4 | 5 |
| 2 | An urge to cough to clear my throat | 1 | 2 | 3 | 4 | 5 |
| 3 | My mouth being dry | 1 | 2 | 3 | 4 | 5 |
| 4 | How fast I am breathing | 1 | 2 | 3 | 4 | 5 |
| 5 | Watering or tearing of my eyes | 1 | 2 | 3 | 4 | 5 |
| 6 | Noises associated with my digestion | 1 | 2 | 3 | 4 | 5 |
| 7 | A swelling of my body or parts of my body | 1 | 2 | 3 | 4 | 5 |
| 8 | An urge to defecate | 1 | 2 | 3 | 4 | 5 |
| 9 | Muscle tension in my arms and legs | 1 | 2 | 3 | 4 | 5 |
| 10 | A bloated feeling because of water retention | 1 | 2 | 3 | 4 | 5 |
| 11 | Muscle tension in my face | 1 | 2 | 3 | 4 | 5 |
| 12 | Goose bumps | 1 | 2 | 3 | 4 | 5 |
| 13 | Stomach and gut pains | 1 | 2 | 3 | 4 | 5 |
| 14 | Stomach distension or bloatedness | 1 | 2 | 3 | 4 | 5 |
| 15 | Palms sweating | 1 | 2 | 3 | 4 | 5 |
| 16 | Sweat on my forehead | 1 | 2 | 3 | 4 | 5 |
| 17 | Tremor in my lips | 1 | 2 | 3 | 4 | 5 |
| 18 | Sweat in my armpits | 1 | 2 | 3 | 4 | 5 |
| 19 | The temperature of my face (especially my ears) | 1 | 2 | 3 | 4 | 5 |
| 20 | Grinding my teeth | 1 | 2 | 3 | 4 | 5 |
| 21 | General jitteriness | 1 | 2 | 3 | 4 | 5 |
| 22 | The hair on the back of my neck “standing up” | 1 | 2 | 3 | 4 | 5 |
| 23 | Difficulty in focusing | 1 | 2 | 3 | 4 | 5 |
| 24 | An urge to swallow | 1 | 2 | 3 | 4 | 5 |
| 25 | How hard my heart is beating | 1 | 2 | 3 | 4 | 5 |
| 26 | Feeling constipated | 1 | 2 | 3 | 4 | 5 |

# AUTONOMIC NERVOUS SYSTEM REACTIVITY

The autonomic nervous system is the part of your nervous system that controls your cardiovascular, respiratory, digestive, and temperature regulation systems. It is also involved in the experience and expression of emotions. The autonomic nervous system functions differently among people. This scale has been developed to measure how your autonomic nervous system reacts.

In your daily life, how often are you aware of the following sensations? Please rate yourself on each of the statements below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | NEVER | OCCASIONALLY | SOMETIMES | USUALLY | ALWAYS |
| 27 | I have difficulty coordinating breathing and eating. | 1 | 2 | 3 | 4 | 5 |
| 28 | When I am eating, I have difficulty talking. | 1 | 2 | 3 | 4 | 5 |
| 29 | My heart often beats irregularly. | 1 | 2 | 3 | 4 | 5 |
| 30 | When I eat, food feels dry and sticks to my mouth and throat. | 1 | 2 | 3 | 4 | 5 |
| 31 | I feel shortness of breath. | 1 | 2 | 3 | 4 | 5 |
| 32 | I have difficulty coordinating breathing with talking. | 1 | 2 | 3 | 4 | 5 |
| 33 | When I eat, I have difficulty swallowing, chewing, and/or sucking with breathing. | 1 | 2 | 3 | 4 | 5 |
| 34 | I have a persistent cough that interferes with my talking and eating. | 1 | 2 | 3 | 4 | 5 |
| 35 | I gag from the saliva in my mouth. | 1 | 2 | 3 | 4 | 5 |
| 36 | I have chest pains. | 1 | 2 | 3 | 4 | 5 |
| 37 | I gag when I eat. | 1 | 2 | 3 | 4 | 5 |
| 38 | When I talk, I often feel I should cough or swallow the saliva in my mouth. | 1 | 2 | 3 | 4 | 5 |
| 39 | When I breathe, I feel like I cannot get enough oxygen. | 1 | 2 | 3 | 4 | 5 |
| 40 | I have difficulty controlling my eyes. | 1 | 2 | 3 | 4 | 5 |
| 41 | I feel like vomiting. | 1 | 2 | 3 | 4 | 5 |
| 42 | I have ‘sour’ stomach. | 1 | 2 | 3 | 4 | 5 |
| 43 | I am constipated. | 1 | 2 | 3 | 4 | 5 |
| 44 | I have indigestion. | 1 | 2 | 3 | 4 | 5 |
| 45 | After eating I have digestion problems. | 1 | 2 | 3 | 4 | 5 |
| 46 | I have diarrhea. | 1 | 2 | 3 | 4 | 5 |

**For questions or inquiries, please contact:**

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