

The Nijmegen Questionnaire

Please mark the box that best describes the frequency with which you experienced the symptoms listed.

	Never	Rarely	Sometimes	Often	Very Often
Chest pain					
Blurred vision					
Confusion or loss of touch with reality					
Fast or deep breathing					
Shortness of breath					
Tightness across chest					
Bloated sensation in stomach					
Tingling in fingers and hands					
Difficulty breathing or taking deep breaths					
Stiffness or cramps in fingers and hands					
Tightness around the mouth					
Cold hands or feet					
Palpitations in chest					
Anxiety					

