
Worksheet 2.1 Physical Symptoms of Social Anxiety That I Experience

1. Briefly describe the most recent situation in which you felt anxious.
 2. Briefly describe the time you experienced the worst social anxiety.
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	Most Recent	Worst
Palpitations (heart pounding)	<input type="checkbox"/>	<input type="checkbox"/>
Tachycardia (heart racing)	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Smothering sensations	<input type="checkbox"/>	<input type="checkbox"/>
Lump in the throat	<input type="checkbox"/>	<input type="checkbox"/>
Shakiness (hands, head, knees)	<input type="checkbox"/>	<input type="checkbox"/>
Blurred vision	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Tightness in the chest	<input type="checkbox"/>	<input type="checkbox"/>
Pain in the chest	<input type="checkbox"/>	<input type="checkbox"/>
ringing in the ears	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Flushing/blushing	<input type="checkbox"/>	<input type="checkbox"/>
Parathesias (tingling in the fingers, toes, face)	<input type="checkbox"/>	<input type="checkbox"/>
Depersonalization/derealization (feeling as if you or your surroundings are not the way they should be)	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>
