The BODY PERCEPTION QUESTIONNAIRE has five sub-tests: 1) Awareness, 2) Stress Response, 3) Autonomic Nervous System Reactivity, 4) Stress Style, and 5) Health History Inventory. Each of the 122 items in the BODY PERCEPTION QUESTIONNAIRE are to be answered on the 5-point scoring scale described in the beginning of each sub-test. Read the instructions for each sub-test and designate your answers for each of the 122 items on the provided answer sheet. Since the BODY PERCEPTION QUESTIONNAIRE will be scored by a computer, use a #2 pencil and make heavy black marks that fill the circle completely. Do not use ink or ballpoint pens. Erase cleanly any answer you wish to change and make no stray marks on the answer sheet.

I: AWARENESS

Image how aware you are of your body processes. Select the answer that most accurately describes you. Rate your awareness on each of the characteristics described below using the following 5-point scale:

a) Never  b) Occasionally  c) Sometimes  d) Usually  e) Always

During most situations I am aware of:

1. Swallowing frequently
2. A ringing in my ears
3. An urge to cough to clear my throat
4. My body swaying when I am standing
5. My mouth being dry
6. How fast I am breathing
7. Watering or tearing of my eyes
8. My skin itching
9. Noises associated with my digestion
10. Eye fatigue or pain
11. Muscle tension in my back and neck
12. A swelling of my body or parts of my body
13. An urge to urinate
14. Tremor in my hands
15. An urge to defecate
16. Muscle tension in my arms and legs
17. A bloated feeling because of water retention
18. Muscle tension in my face
19. Goose bumps
20. Facial twitches
21. Being exhausted
22. Stomach and gut pains
23. Rolling or fluttering my eyes
24. Stomach distension or bloatedness
25. Palms sweating
26. Sweat on my forehead
27. Clumsiness or bumping into people
28. Tremor in my lips  
29. Sweat in my armpits  
30. Sensations of prickling, tingling, or numbness in my body  
31. The temperature of my face (especially my ears)  
32. Grinding my teeth  
33. General jitteriness  
34. Muscle pain  
35. Joint pain  
36. Fullness of my bladder  
37. My eye movements  
38. Back pain  
39. My nose itching  
40. The hair on the back of my neck "standing up"  
41. Needing to rest  
42. Difficulty in focusing  
43. An urge to swallow  
44. How hard my heart is beating  
45. Feeling constipated  

**II: STRESS RESPONSE**

Imagine yourself in a very stressful situation or during periods of severe stress. Using the following 5-point scale, rate your awareness of perceived changes due to stress in each of the global response systems described below.

a) Never  
b) Occasionally  
c) Sometimes  
d) Usually  
e) Always

During stressful situations I am aware of:

46. Vascular responses such as my face becoming flushed or pallid, or feeling faint.  
47. Body posture shifts such as being hunched over, head down, and knees locked.  
48. Muscle tone or tremor such as arms and legs feeling weak, hands shaking, and lips quivering.  
49. Breathing more rapidly and shallowly, and having difficulty in catching my breath.  
50. Digestive responses including gastric distress, gas, cramps, and diarrhea.  
51. Difficulty in paying attention with my mind wondering or daydreaming.  
52. Difficulties in sensory abilities such as problems hearing, seeing, smelling, or feeling touch.  
53. Emotional problems such as more frequent feelings of depression, frustration, rage, or anger.  
54. Difficulty organizing my thoughts.  
55. Difficulty speaking clearly and understandably.

**III: 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.
Using the following 5-point scale, rate yourself on each of the statements below:

   a) Never  b) Occasionally  c) Sometimes  d) Usually  e) Always

56. I feel nauseous.
57. I have difficulty coordinating breathing and eating.
58. My nose is runny, even when I am not sick.
59. When I am eating, I have difficulty talking.
60. My heart often beats irregularly.
61. When I eat, food feels dry and sticks to my mouth and throat.
62. I have "sour" stomach.
63. I feel like vomiting.
64. I feel shortness of breath.
65. I have difficulty coordinating breathing with talking.
66. When I eat, I have difficulty coordinating swallowing, chewing, and/or sucking with breathing.
67. I have a persistent cough that interferes with my talking and eating.
68. I drool, especially when I am excited.
69. I gag from the saliva in my mouth.
70. I produce a lot of saliva even when I am not eating.
71. I have difficulty adjusting my eyes to changes in illumination.
72. I have chest pains.
73. I gag when I eat.
74. When I talk, I often feel I should cough or swallow the saliva in my mouth.
75. I am constipated.
76. I have indigestion.
77. After eating I have digestive problems.
78. I have diarrhea.
79. When I breathe, I feel like I cannot get enough oxygen.
80. I have difficulty controlling my eyes.
81. I get dizzy when urinating or having a bowel movement.
82. I have trouble focusing when I go into dimly or brightly illuminated places.

IV: STRESS STYLE 1

Each of us responds differently to stressful events and conditions. The Stress Style 1 Scale evaluates your style of responding to stress.

Using the following 5-point scale, rate yourself on each of the statements below:

   a) Never  b) Occasionally  c) Sometimes  d) Usually  e) Always

When I am emotionally stressed because of a specific problem:

83. I approach the problem head-on.
84. I withdraw.
85. I know that things will be better later, so I wait until I feel better before acting.
86. I know that things will go better if I act immediately.
87. I feel mental tension.
88. I feel frustrated.
89. I feel insecure.
90. I feel aimless.

**V: STRESS STYLE 2**

Each of us responds differently to stressful events and conditions. The Stress Style 2 Scale evaluates your style of responding to stress.

Using the following 5-point scale, rate yourself on each of the statements below:

- a) Never
- b) Occasionally
- c) Sometimes
- d) Usually
- e) Always

When I am emotionally stressed because of a specific problem:

91. I feel dizzy.
92. I have difficulty speaking.
93. I feel a tingling in my face.
94. I feel my blood sugar drop.

**VI: HEALTH HISTORY INVENTORY**

I experience, have experienced, or have been diagnosed as having:

- a) Never
- b) Mild
- c) Moderate
- d) Severe
- e) Debilitating

95. Migraine headaches
96. Gastric distress or digestive problems
97. Arthritis
98. Hypertension
99. Hopeless unhappiness
100. Clinical depression
101. Bulimia
102. Anorexia
103. Obesity
104. Asthma
105. Endocrine problems (e.g., thyroid, adrenal, or gonadal hormone dysfunction)
106. Eczema
107. Edema
108. Back problems
109. Diabetes
110. Epilepsy
111. Cancer
112. Hypoglycemia
113. Heart disease
114. Stroke
115. Gastric & duodenal ulcers
116. Psychiatric disorders
117. Pneumonia  
118. Heart attack  
119. Motion sickness  

**************************  
The following are only for women  
120. Premenstrual syndrome  
121. Severe menstrual cramps  
122. Post-partum depression  

Body Perception Questionnaire "Norms"  
Total Score was divided by number of questions for each subscale.  

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<td>308</td>
<td>7</td>
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</tr>
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DEMOGRAPHICS AND HEALTH BEHAVIOR SURVEY

1. Age _____ years

2. Gender _____ male     _____ female

3. Height _____ ft  _____ in

4. Weight _____ lbs

5. Marital status
   _____ Married
   _____ Divorced
   _____ Widow/widower
   _____ Single - never married

6. Education (highest amount of schooling received)
   _____ Did not graduate high school
   _____ Graduated high school or trade school
   _____ Attended college or business college but did not receive a BA
   _____ Received BA
   _____ Post-graduate work at a University

7. Employment
   _____ Professional
   _____ Skilled labor
   _____ Non-skilled labor

8. Current employment status
   _____ Working full time
   _____ Working part time
   _____ Not working

9. Perceived physical fitness
   a. Very fit
   b. Fit
   c. Average fitness
   d. Unfit

10. Current substance use (alcohol, drugs, cigarettes)
    a. No use
    b. Slight social use
    c. Great social use
    d. Abuse
    e. Severe abuse

11. Smoking (number per typical day)
    Now      1yr age    5 yrs ago
    Cigarettes
    Cigars
Pipe

12. Alcohol servings (drinks) per typical day
   Now  1 yr ago  5 yrs ago
   Beer
   Wine
   Hard liquor

13. Are you currently taking medications for high blood pressure or heart disease?
   a. Yes
   b. No

   If yes, what is the drug and how long have you been taking it?

14. Are you currently taking psychotropic drugs such as tranquilizers or anti-anxiety medication?
   a. Yes
   b. No

   If yes, what is the drug and how long have you been taking it?

15. If you are currently taking any prescribed or over-the-counter medications, please list here:
    (list name of drug and what is being taken for)

16. Surgical history: Type and year of surgery

17. Have you suffered any traumatic injury?
   a) Yes
   b) No

   If yes, please describe and include date of injury.

18. Is there any strenuous physical activity on your current job?
   a. Yes
   b. No

19. Do you engage in regular physical exercise for recreation off the job?
   a. Yes
   b. No