

BODY PERCEPTION QUESTIONNAIRE

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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

BODY PERCEPTION QUESTIONNAIRE

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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.

BODY PERCEPTION QUESTIONNAIRE

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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.

BODY PERCEPTION QUESTIONNAIRE

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- 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

BODY PERCEPTION QUESTIONNAIRE

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- 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.

Awareness

Mean	3.026	Median	3.011	Std dev	.797
Variance	.635	Kurtosis	-.634	S E Kurt	.277
Skewness	.195	S E Skew	.139		
Valid cases	308	Missing cases	7		

Stress Response

Mean	3.177	Median	3.100	Std dev	.785
Variance	.616	Kurtosis	-.395	S E Kurt	.275
Skewness	.167	S E Skew	.138		
Valid cases	312	Missing cases	3		

Autonomic Nervous System Reactivity

Mean	1.742	Median	1.667	Std dev	.468
Variance	.219	Kurtosis	.919	S E Kurt	.278
Skewness	.936	S E Skew	.139		
Valid cases	306	Missing cases	9		

Stress Style 1

Mean	2.960	Median	3.000	Std dev	.502
Variance	.252	Kurtosis	.209	S E Kurt	.276
Skewness	.213	S E Skew	.138		
Valid cases	310	Missing cases	5		

Stress Style 2

Mean	1.808	Median	1.750	Std dev	.622
Variance	.387	Kurtosis	3.513	S E Kurt	.277
Skewness	1.372	S E Skew	.139		
Valid cases	308	Missing cases	7		

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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 ago	5 yrs ago
Cigarettes			
Cigars			

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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