



F.I.R.S.T. Health

NIJMEGEN QUESTIONNAIRE

Please mark the one choice which most closely describes your problem right now.

	Never 0	Rare 1	Sometimes 2	Often 3	Very Often 4
Chest Pain					
Feeling tense					
Blurred vision					
Dizzy spells					
Feeling confused					
Faster or deeper breathing					
Short of breath					
Bloated feeling in stomach					
Tingling fingers					
Unable to breath deeply					
Stiff fingers					
Tight feelings round mouth					
Cold hands or feet					
Palpitations					
Feeling of anxiety					
Total:	/64				

NAME

FILE #

SCORE

SIGNATURE

DATE

STAFF INI.

*Reference-Van Dixhoorn J, Van Duivenvoorden HJ. 1985 Efficacy of Nijmegen questionnaire in recognition of the hyperventilation syndrome. Journal of Psychosomatic Research; 29: 199-206.