HOW I FEEL WORRY

Name
Birthday.....
School

TINGLING OR NUMB LIPS DIZZINESS **LUMP IN THROAT CHOKING** DRY MOUTH FAINTING **RED FACE SENSATION FAST** RINGING IN LUMP IN **HEART RACING OR BREATHING** EARS THROAT **PALPITATIONS** SHORTNESS OF BREATH OR **CHEST TIGHTNESS OR PAIN CAN'T CATCH BREATH** SHAKING OR **SICKNESS TREMORS** HOT **UNABLE TO SLEEP JELLY LEGS TWITCHES NOT FEELING HUNGRY SWEATING** OR TICS **NEEDING THE TOILET** MUSCLE PAIN, **TIREDNESS ACHES OR TENSION FEELING COLD NUMBNESS OR TINGLING IN LIMBS OVERWHELMED OR** STOMACH ACHE **FEELING LIKE OR BUTTERFLIES** CRYING **HEADACHES GRINDING TEETH**

Think about how you tend to feel physically when you get worried. Highlight or colour in any of the following that apply to you.