

Body Perception Questionnaire Short Form  
Stephen W. Porges © 1993, 2015

I. Body Awareness

Please rate your awareness on each of the characteristics described below. Select the answer that most accurately describes you.

During most situations I am aware of:

		Never	Occasionally	Sometimes	Usually	Always
1	Swallowing frequently	0	0	0	0	0
2	An urge to cough to clear my throat	0	0	0	0	0
3	My mouth being dry	0	0	0	0	0
4	How fast I am breathing	0	0	0	0	0
5	Watering or tearing of my eyes	0	0	0	0	0
		Never	Occasionally	Sometimes	Usually	Always
6	Noises associated with my digestion	0	0	0	0	0
7	A swelling of my body or parts of my body	0	0	0	0	0
8	An urge to defecate	0	0	0	0	0
9	Muscle tension in my arms and legs	0	0	0	0	0
10	A bloated feeling because of water retention	0	0	0	0	0
11	Muscle tension in my face	0	0	0	0	0
		Never	Occasionally	Sometimes	Usually	Always

		Never	Occasionally	Sometimes	Usually	Always
12	Goose bumps	0	0	0	0	0
13	Stomach and gut pains	0	0	0	0	0
14	Stomach distension or bloatedness	0	0	0	0	0
15	Palms sweating	0	0	0	0	0
16	Sweat on my forehead	0	0	0	0	0
17	Tremor in my lips	0	0	0	0	0
18	Sweat in my armpits	0	0	0	0	0
19	The temperature of my face (especially my ears)	0	0	0	0	0
		Never	Occasionally	Sometimes	Usually	Always
20	Grinding my teeth	0	0	0	0	0
21	General jitteriness	0	0	0	0	0
22	The hair on the back of my neck "standing up"	0	0	0	0	0
23	Difficulty in focusing	0	0	0	0	0
24	An urge to swallow	0	0	0	0	0
25	How hard my heart is beating	0	0	0	0	0
26	Feeling constipated	0	0	0	0	0
		Never	Occasionally	Sometimes	Usually	Always

## II. 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.

Please rate yourself on each of the statements below:

		Never	Occasionally	Sometimes	Usually	Always
27	I have difficulty coordinating breathing and eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	When I am eating, I have difficulty talking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	My heart often beats irregularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	When I eat, food feels dry and sticks to my mouth and throat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	I feel shortness of breath.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Never	Occasionally	Sometimes	Usually	Always
32	I have difficulty coordinating breathing with talking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	When I eat, I have difficulty coordinating swallowing, chewing, and/or sucking with breathing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	I have a persistent cough that interferes with my talking and eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	I gag from the saliva in my mouth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	I have chest pains.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Never	Occasionally	Sometimes	Usually	Always

		Never	Occasionally	Sometimes	Usually	Always
37	I gag when I eat.	0	0	0	0	0
38	When I talk, I often feel I should cough or swallow the saliva in my mouth.	0	0	0	0	0
39	When I breathe, I feel like I cannot get enough oxygen.	0	0	0	0	0
40	I have difficulty controlling my eyes.	0	0	0	0	0
41	I feel like vomiting	0	0	0	0	0
		Never	Occasionally	Sometimes	Usually	Always
42	I have 'sour' stomach.	0	0	0	0	0
43	I am constipated	0	0	0	0	0
44	I have indigestion.	0	0	0	0	0
45	After eating I have digestive problems.	0	0	0	0	0
46	I have diarrhea	0	0	0	0	0
		Never	Occasionally	Sometimes	Usually	Always