

|                   |                      |                             |                          |                                      |
|-------------------|----------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>B</b>          | <b>I</b>             | <b>N</b>                    | <b>G</b>                 | <b>O</b>                             |
| Tingling          | Difficulty Breathing | Fear of the worst happening | Nervousness              | HNumbness                            |
| Fear of Dying     | Sweating             | Heart pounding or racing    | Difficulty Concentrating | Indigestion or Discomfort in abdomen |
| Shaky             | Unsteadiness         | I FEEL FREE!                | Dizziness or lightheaded | Feeling Restless                     |
| Feeling Terrified | Scared               | Feelings of Choking         | Feeling Hot              | Hands Trembling                      |
| Feeling Faint     | Face Flushed         | Inability to Relax          | Wobbliness in legs       | Fear of Losing Control               |

|                             |                          |              |                        |                                      |
|-----------------------------|--------------------------|--------------|------------------------|--------------------------------------|
| <b>B</b>                    | <b>I</b>                 | <b>N</b>     | <b>G</b>               | <b>O</b>                             |
| Unsteadiness                | Difficulty Concentrating | Nervousness  | Fear of Dying          | Heart pounding or racing             |
| Fear of the worst happening | Wobbliness in legs       | HNumbness    | Face Flushed           | Indigestion or Discomfort in abdomen |
| Feeling Terrified           | Dizziness or lightheaded | I FEEL FREE! | Feeling Restless       | Difficulty Breathing                 |
| Feeling Hot                 | Inability to Relax       | Tingling     | Fear of Losing Control | Scared                               |
| Feelings of Choking         | Hands Trembling          | Shaky        | Sweating               | Feeling Faint                        |

|                     |                                               |                                |                       |                                   |
|---------------------|-----------------------------------------------|--------------------------------|-----------------------|-----------------------------------|
| <b>B</b>            | <b>I</b>                                      | <b>N</b>                       | <b>G</b>              | <b>O</b>                          |
| Face<br>Flushed     | Inability<br>to Relax                         | Difficulty<br>Concentrating    | Hands<br>Trembling    | Dizziness<br>or<br>lightheaded    |
| Tingling            | Feeling<br>Terrified                          | Feelings<br>of<br>Choking      | Sweating              | HNumbness                         |
| Shaky               | Fear of<br>Losing<br>Control                  | I FEEL<br>FREE!                | Scared                | Feeling<br>Hot                    |
| Unsteadiness        | Indigestion<br>or<br>Discomfort<br>in abdomen | Nervousness                    | Wobbliness<br>in legs | Fear of<br>the worst<br>happening |
| Feeling<br>Restless | Difficulty<br>Breathing                       | Heart<br>pounding<br>or racing | Fear of<br>Dying      | Feeling<br>Faint                  |