

Nijmegen questionnaire



Name: _____

Date: _____

Please circle the number in the column that best represents what you have felt recently.

	Never	Rare	Sometimes	Often	Very Often
Chest pain	0	1	2	3	4
Feeling tense	0	1	2	3	4
Blurred Vision	0	1	2	3	4
Dizzy spells	0	1	2	3	4
Feeling confused	0	1	2	3	4
Faster or deeper breathing	0	1	2	3	4
Short of breath	0	1	2	3	4
Tight feelings in the chest	0	1	2	3	4
Bloated feeling in the stomach	0	1	2	3	4
Tingling fingers	0	1	2	3	4
Unable to breathe deeply	0	1	2	3	4
Stiff fingers or arms	0	1	2	3	4
Tight feelings round mouth	0	1	2	3	4
Cold hands	0	1	2	3	4
Palpitations	0	1	2	3	4
Feeling of anxiety	0	1	2	3	4
Column Totals	0				

Grand Total

Scores greater than 19 and significant for the presence of respiratory distress and dysfunction. (van Dixhoorn and Duivenvoorden 1985, Dixhoorn 2012)

Dixhoorn, J. (2012). "Nijmegen Questionnaire in the evaluation of medically unexplained symptoms, including hyperventilation complaints." Biological Psychology.

van Dixhoorn, J. and H. J. Duivenvoorden (1985). "Efficacy of Nijmegen Questionnaire in recognition of the hyperventilation syndrome." J Psychosom Res **29**(2): 199-206.