

## **Nijmegen Questionnaire**

A score of over 23 out of 64 suggest a positive diagnosis of hyperventilation syndrome.

|                                   | <b>Never</b> | <b>Rarely</b> | <b>Sometimes</b> | <b>Often</b> | <b>Very Often</b> |
|-----------------------------------|--------------|---------------|------------------|--------------|-------------------|
|                                   | <b>0</b>     | <b>1</b>      | <b>2</b>         | <b>3</b>     | <b>4</b>          |
| <b>Chest pain</b>                 |              |               |                  |              |                   |
| <b>Feeling tense</b>              |              |               |                  |              |                   |
| <b>Blurred vision</b>             |              |               |                  |              |                   |
| <b>Dizzy spells</b>               |              |               |                  |              |                   |
| <b>Feeling confused</b>           |              |               |                  |              |                   |
| <b>Faster or deeper breathing</b> |              |               |                  |              |                   |
| <b>Short of breath</b>            |              |               |                  |              |                   |
| <b>Tight feelings in chest</b>    |              |               |                  |              |                   |
| <b>Bloated feeling in stomach</b> |              |               |                  |              |                   |
| <b>Tingling fingers</b>           |              |               |                  |              |                   |
| <b>Unable to breathe deeply</b>   |              |               |                  |              |                   |
| <b>Stiff fingers or arms</b>      |              |               |                  |              |                   |
| <b>Tight feelings round mouth</b> |              |               |                  |              |                   |
| <b>Cold hands or feet</b>         |              |               |                  |              |                   |
| <b>Palpitations</b>               |              |               |                  |              |                   |
| <b>Feeling of anxiety</b>         |              |               |                  |              |                   |