

Body Sensation Scan Checklist

Use this checklist during the first step of the ten-second check. Read through the list quickly, notice what's true for you, and tick the boxes that apply. Try to identify at least three sensations each time you pause. To download additional worksheets and many other free resources, visit - nlpkb.com

Head/Face

Neck/Shoulders

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Sensation |
| <input type="checkbox"/> | Shoulders raised or hunched forward |
| <input type="checkbox"/> | Neck stiff or tilted |
| <input type="checkbox"/> | Tension spreading into upper back |
| <input type="checkbox"/> | Neck or shoulders feel heavy |
| <input type="checkbox"/> | Desire to roll or stretch neck |

Chest/Breath

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Sensation |
| <input type="checkbox"/> | Shallow or rapid breathing |
| <input type="checkbox"/> | Pressure or heaviness in the chest |
| <input type="checkbox"/> | Heartbeat racing or fluttering |
| <input type="checkbox"/> | Breath held without realizing |
| <input type="checkbox"/> | Chest feels restricted or tight |
| <input type="checkbox"/> | Air hunger: feeling you can't get a full breath |

Stomach/Core

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Sensation |
| <input type="checkbox"/> | Tightness in the stomach or solar plexus |
| <input type="checkbox"/> | Knotted, uneasy, or 'butterflies' feeling |
| <input type="checkbox"/> | Heaviness or emptiness inside |
| <input type="checkbox"/> | Cramps or sudden tension |
| <input type="checkbox"/> | Churning or queasy sensation |

Arms/Hands

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Sensation |
| <input type="checkbox"/> | Fidgety fingers or tapping |
| <input type="checkbox"/> | Clenched fists |
| <input type="checkbox"/> | Cold hands or sweaty palms |
| <input type="checkbox"/> | Subtle shaking or tremor |
| <input type="checkbox"/> | Urge to grip or hold something tightly |

Legs/Feet

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Sensation |
| <input type="checkbox"/> | Bouncing leg or tapping foot |
| <input type="checkbox"/> | Toes gripping inside shoes |
| <input type="checkbox"/> | Urge to pace or move but staying stuck |
| <input type="checkbox"/> | Legs restless or vibrating |
| <input type="checkbox"/> | Knees locked or stiff |

General Signals

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Sensation |
| <input type="checkbox"/> | Feeling wired but tired |
| <input type="checkbox"/> | Sense of being trapped in stillness |
| <input type="checkbox"/> | Heat rising in the face or body |
| <input type="checkbox"/> | Sudden fatigue or heaviness |
| <input type="checkbox"/> | Overall body feels tense and on alert |