|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all true** |  |  |  | **Extremely true** |
| When someone else coughs, it makes me cough too. | 1 | 2 | 3 | 4 | 5 |
| I can't stand smoke, smog, or pollutants in the air. | 1 | 2 | 3 | 4 | 5 |
| I am often aware of various things happening within my body. | 1 | 2 | 3 | 4 | 5 |
| When I bruise myself, it stays noticeable for a long time. | 1 | 2 | 3 | 4 | 5 |
| Sudden loud noises really bother me. | 1 | 2 | 3 | 4 | 5 |
| I can sometimes hear my pulse or my heartbeat throbbing in my ear. | 1 | 2 | 3 | 4 | 5 |
| I hate to be too hot or too cold. | 1 | 2 | 3 | 4 | 5 |
| I am quick to sense hunger contractions in my stomach. | 1 | 2 | 3 | 4 | 5 |
| Even something minor, like an insect bite or a splinter, really bothers me. | 1 | 2 | 3 | 4 | 5 |
| I have a low tolerance for pain. | 1 | 2 | 3 | 4 | 5 |

**Somatosensory Amplification Scale**

Please rate the degree to which each statement is characteristic of you in general. Circle a number from 1 (not at all true) to 5 (extremely true):