## Panic Attack Record

Fill out one form for each separate panic attack during a two-week period.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Duration (minutes): \_\_\_\_\_

Intensity of panic (rate 5 to 10 using the Anxiety Scale at the end of this form): \_\_\_\_\_

## Antecedents

- Stress level during the preceding day (rate on a 1-10 scale where 1 is the lowest stress level and 10 is the highest): \_\_\_\_\_
- 2. Alone or with someone?: \_\_\_\_
- 3. If with someone, was it family member(s), friend(s), stranger(s)?: \_\_\_\_\_
- 4. Your mood for three hours preceding panic attack. Anxious \_\_\_\_\_; Depressed \_\_\_\_; Excited \_\_\_\_; Angry \_\_\_\_; Sad \_\_\_\_; Other (specify) \_\_\_\_\_
- 5. Were you facing a challenge \_\_\_\_\_ or taking it easy \_\_\_\_\_?
- 6. Were you engaging in negative or fearful thoughts before you panicked? Yes \_\_\_\_/No \_\_\_\_ If yes, what thoughts? \_\_\_\_\_
- 7. Were you tired\_\_\_\_\_ or rested \_\_\_\_\_ ?
- 8. Were you experiencing some kind of emotional upset or loss? Yes \_\_\_\_/No \_\_\_\_
- 9. Were you feeling hot \_\_\_\_\_ cold \_\_\_\_\_ neither \_\_\_\_\_ ?
- 10. Were you feeling restless or impatient? Yes \_\_\_\_/No \_\_\_\_
- 11. Were you asleep before you panicked? Yes \_\_\_\_/No \_\_\_\_
- 12. Did you consume caffeine or sugar within eight hours before you panicked? Yes \_\_\_\_/No \_\_\_\_ If yes, how much? \_\_\_\_\_
- 13. Have you noticed any other circumstances that correlate with your panic reactions? (specify)

## **Anxiety Scale**

0	Relaxation	Calm; a feeling of being undistracted and at peace
1	Slight Anxiety	Passing twinge of anxiety; feeling slightly nervous
2	Mild Anxiety	Butterflies in stomach; muscle tension; definitely nervous
3	Moderate Anxiety	Feeling uncomfortable but still in control; heart starting to beat faster; more rapid breathing; sweaty palms
4	Marked Anxiety	Feeling uncomfortable or "spacey"; heart beating fast; muscles tight; beginning to wonder about maintaining control
5	Early Panic	Heart pounding or beating irregularly; constricted breathing; spaciness or dizziness; definite fear of losing control; compulsion to escape
6	Moderate Panic Attack	Palpitations; difficulty breathing; feeling disoriented or detached (feeling of unreality); panic in response to perceived loss of control
7-10	Major Panic Attack	All of the symptoms in level 6 exaggerated; terror; fear of going crazy or dying; compulsion to escape