

Panic Disorder Assessment Worksheet

Personal Details

Full Name: _____

Date: _____ Age: _____ Contact Number: _____

Email Address: _____

Objective

To assess the frequency, severity, and triggers of panic attacks, and to identify potential coping mechanisms and patterns.

Instructions

1. Review the list of symptoms and experiences associated with panic attacks.
2. Mark the symptoms you've experienced, noting the frequency and situations in which they occur.
3. Reflect on coping strategies you've tried or would like to try.

Panic Attack Symptoms

Symptom	Frequency (Daily, Weekly, Monthly, Rarely, Never)	Situations/Triggers
Rapid heartbeat or palpitations		
Shortness of breath		
Trembling or shaking		
Feeling of choking		
Chest pain or discomfort		
Nausea or stomach cramps		
Dizziness or lightheadedness		
Derealization or depersonalization		
Fear of losing control or "going crazy"		
Fear of dying		
Numbness or tingling sensations		
Chills or hot flushes		

Reflections

1. **Most frequent symptom:**
2. **Most common trigger or situation:**
3. **Coping strategy I've found most effective:**
4. **Coping strategy I'd like to try:**

Additional Notes/Observations

Declaration

I understand that this worksheet is a tool for self-reflection and is not a substitute for professional advice or treatment. If I am in crisis or need immediate help, I will seek emergency services or contact a mental health professional.

Signature: _____ **Date:** _____

Disclaimer: This worksheet is intended for self-reflection and understanding. It is crucial to consult with a mental health professional if you or someone you know is struggling with panic disorder or any other mental health condition. If you're in crisis or need immediate help, please seek emergency services in your area or consult a trusted individual in your life.