

Personal Worry Script Panic Attack Worksheet

Date: _____ Beginning Time: _____ Ending Time: _____

Part 1

What is the primary trigger for your panic attacks?

- Social situations
- Crowded places
- Specific thoughts
- Other _____

During a panic attack, which physical sensation is most distressing to you?

- Racing heart
- Shortness of breath
- Trembling
- Other _____

How would you describe the most common thought pattern during a panic attack?

- Fear of losing control
- Fear of dying
- Catastrophic thinking
- Other _____

What is your most frequent emotional response during panic attacks?

- Fear
- Anxiety
- Helplessness
- Other _____

Part 2

Summarize what you are worrying about in a sentence:

Describe your worry in vivid detail:

Part 3

Instructions: These 1-5 scale questions can help you track your experiences and progress over time. It's essential to be honest with yourself and provide accurate ratings for each item.

1. How severe was your most recent panic attack, with 0 being not severe at all and 5 being extremely severe?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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2. How effective were your coping strategies during your last panic attack, with 1 being ineffective and 5 being highly effective?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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3. What is your current daily level of anxiety, with 1 being completely calm and 10 being extremely anxious?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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4. How often do you experience panic attacks in a week, with 1 meaning no panic attacks and 5 meaning daily panic attacks?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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5. How confident are you in managing panic attacks effectively, with 1 being not confident and 5 being very confident?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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