

Rating Your Panic Attack Symptoms

Name: _____

Physician's name: _____ Today's date: _____

Instructions: Rate the severity of each common panic attack symptom on a scale of 1 to 7, wherein **1** - I do not have this symptom at all, and **7** - I have this symptom intensely.

Symptoms	1	2	3	4	5	6	7
Racing heart							
Heart palpitations							
Chest pain or discomfort							
Difficulty breathing							
Vision problems							
Nausea							
Shaking							
Sweating							
Dizziness							
Numbness/Tingling							
Feeling like you are going to die							
Other symptom/s:							
Other symptom/s:							
Other symptom/s:							
Other symptom/s:							