Understanding Your Panic Attacks Worksheet

Name: _	Date:
Physicia	n's Name:
How ofte	en do your panic attacks occur?
How Ion	g do the panic attacks usually last?
	ions: Rate the severity of panic attack symptoms on a scale of 1 to 10, wherein $1 = I$ we this symptom at all and $10 = I$ have this symptom intensely.
	Palpitations, pounding heart, or accelerated heart rate
	Sweating
	Trembling or shaking
	Sensations of shortness of breath or smothering
	Choking feeling
	Chest discomfort or pain
	Nausea or abdominal pain
	Feeling dizzy, unsteady, faint, or light-headed
	Chills or heated sensations
	Paresthesia or numbness/tingling sensations
	Feeling that you're going crazy or unreality
	Depersonalization or feeling that you are detached from yourself
	Fear of losing control
	Fear of having a heart attack or dving

Important Note: The definition of a panic attack is the abrupt onset of intense fear or discomfort that reaches a peak within minutes and includes at least four of the symptoms above.

Instructions: Answer **YES** or **NO** to the following symptoms.

Do you experience a fear of places or situations where getting help or escape might be difficult, such as in a crowd or bridge?	
Do you feel unable to travel without a companion	
For at least a month following the attack, have you felt persistent concern about having another one?	
For at least one month following an attack, have you worried about having a heart attack or going crazy?	
For at least a month following an attack, have you changed your behavior to try to avoid another panic attack?	
In addition to your panic attacks, have you had other problems like changes in sleeping or eating habits?	
Do you feel sad or depressed more days than not?	
Do you feel disinterested in life more days than not?	
Do you feel worthless or guilty more days than not?	
During the last year, has the use of alcohol or drugs resulted in your failure to fulfill responsibilities at work, at school, or with your family?	
During the last year, has alcohol or drugs placed you in a dangerous situation, such as driving a car, or gotten you arrested?	
During the last year, has the use of alcohol or drugs continued despite causing problems for you or your loved ones?	
Describe your typical panic attack.	
What usually helps your panic attacks go away?	

How would you say that your panic attacks affect your quality of life? In other words, how do your panic attacks keep you from living life to its fullest?	
How will your life change when you no longer have panic attacks?	
Instructions: List any ongoing medical conditions and current medications you are taking (including vitamins and supplements), if any. • Medical Conditions:	
• Medications:	

Reference: Shapiro, L. E., PhD. (2017). Understanding Your Panic Attacks. In The Panic Attack Workbook (pp. 1–3). Between Sessions Resources.