Panic Assessment

What were you **thinking** about before your most recent panic attack?

How were you **feeling** before your most recent panic attack?

What were you **doing** before your most recent panic attack?

<table>
<thead>
<tr>
<th>Pounding or racing heart</th>
<th>Difficulty breathing</th>
<th>Sweating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of terror, impending doom, or death</td>
<td>Feeling dizzy, light-headed, or faint</td>
<td>Feeling of being detached from reality or oneself</td>
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<tr>
<td>Fear of “going crazy”</td>
<td>Nausea</td>
<td>Chest pain or discomfort</td>
</tr>
<tr>
<td>Choking sensation</td>
<td>Chills or feeling of heat</td>
<td>Numbness or tingling</td>
</tr>
<tr>
<td>Trembling or shaking</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Circle the symptoms you experience during panic attacks.**

**How worried are you about having another panic attack?**

![1-5 scale](image)

1. Not Worried
2. Somewhat Worried
3. Slightly Worried
4. Very Worried

**How would you rate the discomfort caused by your panic attacks?**

![1-5 scale](image)

1. No Discomfort
2. Little Discomfort
3. Some Discomfort
4. Moderate Discomfort
5. Very Uncomfortable

Have you changed your behavior because of your past panic attacks?

**Example:** Avoiding situations that you think might cause a panic attack, or places where a panic attack would be embarrassing or dangerous.

- [ ] Yes
- [ ] No