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?

Circle the symptoms you experience during panic attacks.

<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>
</tr>
<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>

Are you worried about having another panic attack?

1. Not Worried
2. 3
3. 4
4. 5

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

1. No Discomfort
2. 3
3. 4
4. 5

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