PANIC ASSESSMENT

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

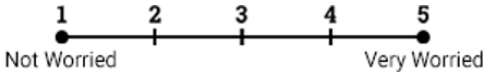
How were you feeling before your most recent panic attack?

What were you doing before your most recent panic attack?

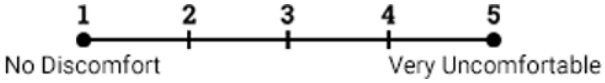
Circle the symptoms you experience during panic attacks.

Pounding or racing heart	Difficulty breathing	Sweating
Sense of terror, impending doom, or death	Feeling dizzy, light-headed, or faint	Feeling of being detached from reality or oneself
Fear of "going crazy"	Nausea	Chest pain or discomfort
Choking sensation	Chills or feeling of heat	Numbness or tingling
Trembling or shaking	Other	

How worried are you about having another panic attack?



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



Have you changed your behavior because of your past panic attacks?
(ex: Avoiding situations that you think might cause a panic attack, or places where a panic attack would be embarrassing or dangerous)

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