

Panic Attack Record

Fill out one form for each separate panic attack during a two-week period.

Date: _____

Time: _____

Duration (minutes): _____

Intensity of panic (rate 5 to 10 using the *Anxiety Scale* that follows): _____

Antecedents

1. Stress level during preceding day (rate on a 1 to 10 scale where 1 is the lowest stress level and 10 is the highest): _____
2. Alone or with someone? _____
3. If with someone, was it a family member, friend(s), stranger? _____
4. Your mood for three hours preceding panic attack. Anxious _____
 Depressed _____ Excited _____ Angry _____ Sad _____
 Other (specify) _____
5. Were you facing a challenge _____ or taking it easy _____ ?
6. Were you engaging in negative or fearful thoughts before you panicked?
 Yes ____ No ____ If so, what thoughts? _____
7. Were you tired _____ or rested _____ ?
8. Were you experiencing some kind of emotional upset or loss? Yes ____ No ____
9. Were you feeling hot _____ cold _____ neither _____ ?
10. Were you feeling restless and impatient? Yes ____ No ____
11. Were you asleep before you panicked? Yes ____ No ____
12. Did you consume caffeine or sugar within eight hours before you panicked?
 Yes ____ No ____ If yes, how much? _____
13. Have you noticed any other circumstances that correlate with your panic reactions? (specify)

