

Panic Attack Worksheet 1
Bodily Symptoms

Any of the following bodily symptoms can occur during a panic attack. Please evaluate each of them according to their effect when you are having an attack and indicate your answers on the 0 to 5 scale in the right-hand column.

0 = No Effect	3 = Strong Effect
1 = Mild Effect	4 = Severe Effect
2 = Medium Effect	5 = Very Severe Effect

1. Sinking feeling in stomach	0	1	2	3	4	5
2. Sweaty palms	0	1	2	3	4	5
3. Warm all over	0	1	2	3	4	5
4. Rapid or heavy heartbeat	0	1	2	3	4	5
5. Tremor of the hands	0	1	2	3	4	5
6. Weak or rubbery knees or legs	0	1	2	3	4	5
7. Shaky inside and/or outside	0	1	2	3	4	5
8. Dry mouth	0	1	2	3	4	5
9. Lump in throat	0	1	2	3	4	5
10. Tightness in chest	0	1	2	3	4	5
11. Hyperventilation	0	1	2	3	4	5
12. Nausea or diarrhea	0	1	2	3	4	5
13. Dizzy or light-headed	0	1	2	3	4	5
14. A feeling of unreality—as “in a dream”	0	1	2	3	4	5
15. Unable to think clearly	0	1	2	3	4	5
16. Blurred vision	0	1	2	3	4	5
17. A feeling of being partially paralyzed	0	1	2	3	4	5
18. A feeling of detachment or floating away	0	1	2	3	4	5
19. Palpitations or irregular heartbeat	0	1	2	3	4	5
20. Chest pain	0	1	2	3	4	5
21. Tingling in hands, feet, or face	0	1	2	3	4	5
22. Feeling faint	0	1	2	3	4	5
23. Fluttery stomach	0	1	2	3	4	5
24. Cold, clammy hands	0	1	2	3	4	5