Panic Attack Record

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

Date: _____ Time: _____ Day of week _____

Duration: _____ (minutes) Intensity of panic: _____ (rate 5 to 10 using Anxiety Scale)

Antecedents

	Preceding Day Stress 1-10	Stress level during preceding day (rate on 1 to 10 scale where I is the lowest stress level and 10 is the highest)
Alone _____ W/others _____	Alone	Alone or with someone?
Family _____ Friend(s) _____ Stranger _____	With who	If with someone, was it a family member, friend(s), stranger?
Anxious _____ Depressed_____ Angry _____ Sad _____	Sustained Mood	Your mood for three hours preceding panic attack. Other Mood (specify)
Challenged Relaxed	Immediate Stressed	Were you facing a challenge or taking it easy
Yes No	Negative Fearful Thoughts	Were you engaging in negative or fearful thoughts before you panicked?
	If so, what thoughts?	
Tired Rested	Rested?	Were you tired or rested?
Yes No	Recent Emotion	Were you experiencing some kind of emotional upset or loss?
Hot Cold Neither	Temperature (stressor)	Were you feeling hot or cold
Yes No	Impulsive Angry	Were you feeling restless and impatient?
Yes No	Recently awake?	Were you asleep before you panicked?
Yes No If yes, how much?	Recent Caffeine Sugar	Did you consume caffeine or sugar within eight hours before you panicked?
Yes No	Have you noticed any other circumstances that correlate with your panic reactions? (specify)	

Adapted from "Coping with Panic Attacks" pg 137