

PANIC ATTACKS WORK SHEET

Name _____ Date _____

Average number and frequency of attacks _____

When did they first begin? _____ Are the attacks unexpected?

Is there an ongoing and persistent fear of having another attack?

If not, please review the Anxiety Work Sheet.

Comments _____

At least four of the following symptoms have been present during at least one of the attacks:

- | | |
|---|--|
| 01. a. shortness of breath <input type="checkbox"/> | 08. feelings of unreality <input type="checkbox"/> |
| b. smothering sensations <input type="checkbox"/> | 09. numbness or tingling sensations <input type="checkbox"/> |
| 02. a. dizziness <input type="checkbox"/> | where? |
| b. unsteady feelings <input type="checkbox"/> | 10. a. flushes (hot flashes) <input type="checkbox"/> |
| 03. rapid heart beat <input type="checkbox"/> | b. chills <input type="checkbox"/> |
| 04. a. trembling <input type="checkbox"/> | 11. a. chest pain <input type="checkbox"/> |
| b. shaking <input type="checkbox"/> | b. chest discomfort <input type="checkbox"/> |
| 05. sweating <input type="checkbox"/> | 12. fear of becoming very ill or of dying <input type="checkbox"/> |
| 06. choking <input type="checkbox"/> | 13. a. fear of going crazy <input type="checkbox"/> |
| 07. a. nausea <input type="checkbox"/> | b. fear of going out-of-control <input type="checkbox"/> |
| b. abdominal distress <input type="checkbox"/> | |

Specify current severity of panic attacks:

During the past month, either all attacks have included less than four symptoms, or there has been only one panic attack

Moderate: During the past month, attacks have been intermediate between "Mild" and "Severe"

Severe: During the past month, there have been at least eight panic attacks

In Partial Remission: The condition has been intermediate between "In Full Remission" and "Mild" . . .

In Full Remission: During the past six months, there have been no panic or limited symptom attacks . .

A Panic Disorder is often the first stage of Agoraphobia . . .

IF AGORAPHOBIA IS PRESENT, PLEASE INDICATE and complete next page

Agoraphobia (ag"o-rah-fo"be-ah), n. As a result of panic, travel is restricted or a companion is needed when away from, or outside the home alone, being in a crowd, standing in a line, being on a bridge, traveling in a bus, train, or car, etc.

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Agoraphobia Work Sheet

When did the symptoms of agoraphobia first begin? Describe _____

Features of agoraphobia may include:

A. Symptoms of panic that are listed on the other side.

B. Agoraphobia is the fear of being in places or situations from which escape might be difficult (or embarrassing), or in which help might not be available in the event of a panic attack.

As a result of this fear, the person either restricts travel or needs a companion when away from home, or else endures agoraphobic situations despite intense anxiety.

Common agoraphobic situations include being outside the home alone, being in a crowd or standing in a line, being on a bridge, and traveling in a bus, train, or car.

Please identify and describe your symptoms: _____

Specify current severity of agoraphobic avoidance:

Mild: The person experiences some avoidance (or endurance with distress), but lives a relatively normal lifestyle. For example, the person travels unaccompanied when necessary, such as to work or to shop; otherwise, the person avoids traveling alone

Moderate: Avoidance by the person results in a constricted lifestyle. For example, the person is able to leave the house alone, but not to go more than a few miles unaccompanied

Severe: Avoidance by the person results in being nearly or completely housebound or unable to leave the house unaccompanied

In Partial Remission: There is no current agoraphobic avoidance by the person, but there has been some agoraphobic avoidance during the past six months

In Full Remission: There is no current agoraphobic avoidance by the person, and none during the past six months