**Name:**

Panic and Anxiety Recording Form

**Instruction:** As soon as possible, after a panic attack or an episode of high anxiety, ask yourself the following questions.

1. Where and with whom were you with when the episode began?

1. How long did it last? Indicate the time it started, ended and the date on which it occurred.

1. What were you doing before it started?

1. What were you thinking about before it started and/or while it was happening?

1. Did you have any warning sign that it was about to start? Was there some thought or physical sensation that acted as a trigger?

1. What did you do to cope with the situation? (i.e. distract yourself, do deep breathing, try to relax, use positive self-talk, stay in the situation, leave the situation, take a pill, etc.)

**Instruction:** While you were experiencing anxiety, what was the highest level of the following symptoms that you experienced? Use the scale below and rate each symptom with a number. If NIL, leave blank.

0...............................2...............................4...............................6...............................8...............................10

NIL Mild Moderate Severe Very severe Worst

**Physical signs: Mental signs:**

Dizziness/light-headedness Difficulty concentrating

Tight/painful muscles Desire to escape

Numbness/tingling Fear of embarrassment

Jelly legs Fear of dying

Racing/pounding heart Fear of going crazy

Sweating Fear of losing control somehow

Hot flashes

Chills

Dry mouth

Nausea/abdominal distress

Chest pain or discomfort

Choking sensation

Trembling/shaking inside

Difficulty breathing/smothering sensation

Burning eyes or blurred vision

Feelings of unreality