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**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 at the end of this handout)

***Antecedents***

**1** Stress level during preceding day (rate on a 1 to 10 scale where 1 is lowest stress level and 10 is the highest):…………………………………………………………………………………………………………………………………………

**2** Alone or with someone? ………………………………………………………………………………………………………………

**3** If with someone, was it family, 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)

**Anxiety Scale**

7 – 10 Major panic attack All of the symptoms in level 6 exaggerated;

terror; fear of going crazy or dying; compulsion to escape

6 Moderate panic attack Palpitations; difficulty breathing; feeling disorientated or detached (feeling of unreality)

panic in response to perceived loss of control

5 Early Panic Heart pounding or beating irregularly;

constricted breathing; spaciness or dizziness

definite fear of losing control; compulsion to escape

4 Marked anxiety Feeling uncomfortable or “spacey”

heart beating fast; muscles tight;

beginning to wonder about

maintaining control

3 Moderate anxiety Feeling uncomfortable but still in control

heart starting to beat faster;

more rapid breathing; sweaty palms

2 Mild anxiety Butterflies in stomach; muscle tension;

definitely nervous

1 Slight anxiety Passing twinge of anxiety; feeling

slightly nervous

0 Relaxation Calm; a feeling of being undistracted and at peace

(Taken from the Anxiety and Panic Workbook by Edmund J Bourne)