

PANIC ATTACK RECORD

Date _____

Time _____

Situation _____

Symptoms

Check all that occurred. Circle the one that occurred first

_____ Racing / pounding heart

_____ Sweating

_____ Chills / hot flashes

_____ Shaking

_____ Breathing problems

_____ Choking / swallowing problems

_____ Chest pain / "I'm going to have a heart attack"

_____ Nausea / diarrhea

_____ Dizziness / faintness

_____ Tingling

_____ Unreality / detachment

_____ Fear of going crazy

_____ Fear of dying

Intensity (rate 0-100) _____

Duration (min) _____ / Cycling?