

Panic Attack Record Form

Date & Time

Fear rating (0-100%)

Situation

Where were you?
Who were you with?

Trigger

What do you think caused your panic to start at that moment?

Symptoms

- Heart pounding, racing, or palpitations
- Sweating
- Trembling or shaking
- Shortness of breath
- Feeling of choking
- Chest pain or discomfort
- Nausea or stomach distress
- Dizziness, lightheadedness, or feeling faint
- Chills or hot flushes
- Numbness or tingling
- Feelings of unreality
- Fear of losing control or going crazy
- Fear of dying

Thoughts (or images)

What was going through your mind?
What were you predicting would happen?

Coping strategy

What did you do to cope?
What action did you take to make yourself feel better?