

Panic attacks are discrete episodes of intense fear, apprehension, or terror that are accompanied by a number of physical symptoms. Panic attacks can either occur for no apparent reason (spontaneously) or upon entering into or being in situations which have become associated with them (for example, long lines, travels, etc.) Do not consider fear to be a panic attack if it lasts most of the day.

- 1) During the last six months, have you had a panic attack or a sudden rush of intense fear or anxiety? (Circle your answer) YES NO

When was the most recent time this occurred? Date _____

If NO (you have not experienced a panic attack), please leave the remainder of this form blank. If YES, please continue.

- 2) Was at least one panic attack unexpected, as if it came out of the blue? YES NO
- 3) Did it happen more than once? YES NO
- 4) **If YES** to 3, approximately how many panic attacks have you had in your lifetime? _____

**If YES to 1, 2, and 3, please answer the following questions:
If NO to 1, 2, and 3, please leave the remainder of this form blank.**

- 5) Have you ever worried a lot (for at least one month) about having another panic attack? YES NO
- 6) Have you ever worried a lot (at least one month) that having the attacks meant you were losing control, going crazy, having a heart attack, seriously ill, etc.? YES NO
- 7) Did you ever change your behavior or do something different (for at least one month) because of the attacks? YES NO

If YES to 5, 6 OR 7 please answer the following questions:

Think back to your most severe panic attack. Did you experience any of the following symptoms?:

- 8) Shortness of breath or smothering sensations? YES NO
- 9) Feeling dizzy, unsteady, lightheaded, or faint? YES NO
- 10) Palpitations, pounding heart, or rapid heart rate? YES NO
- 11) Trembling or shaking? YES NO

- 12) Sweating? YES NO
- 13) Feelings of choking? YES NO
- 14) Nausea or abdominal distress? YES NO
- 15) Numbness or tingling sensations? YES NO
- 16) Flushes (hot flashes) or chills YES NO
- 17) Chest pain or discomfort? YES NO
- 18) Fear of dying? YES NO
- 19) Fear of going crazy or doing something uncontrolled? YES NO

20) How much do these symptoms interfere with your daily functioning? (Circle one)

0	1	2	3	4
No Interference	Mild Interference	Moderate interference	Severe Interference	Very Severe Interference

21) How distressing do you find these symptoms? (Circle one)

0	1	2	3	4
No Interference	Mild Interference	Moderate interference	Severe Interference	Very Severe Interference

22) When you have bad panic attacks, does it often take **less than ten minutes** from the point at which the attack begins, to the point at which it reaches a peak or becomes most intense? YES NO

23) Just before you began having panic attacks, were you taking any drugs or excessive amounts (more than 4 cups daily) of stimulants (e.g., coffee, tea, or cola with caffeine)? YES NO

a) If YES, what was it that you were taking? _____

b) How much of it were you taking (in cups, etc.)? _____

24) Have you ever been diagnosed with a medical problem (hyperthyroidism, a seizure or cardiac condition, etc.) that could have caused your panic symptoms? YES NO