

PANIC SURVEY

Please complete the following survey to help your therapist gain a better understanding of your panic attacks.

1. What physical or bodily symptoms of a panic attack do you experience? (Please place a checkmark next to the appropriate space.)

<input type="checkbox"/> Increased heart rate	<input type="checkbox"/> Sweating
<input type="checkbox"/> Shortness of breath/rapid breathing/hyperventilating	<input type="checkbox"/> Dizzy/lightheaded
<input type="checkbox"/> Chest pain/pressure	<input type="checkbox"/> Nausea
<input type="checkbox"/> Choking/suffocating feeling	<input type="checkbox"/> Hot flashes
<input type="checkbox"/> Trembling/shaking	<input type="checkbox"/> Tingling sensation in feet, arms, or legs

2. What psychological or emotional signs of a panic attack do you experience? (Place a checkmark next to the appropriate space.)

<input type="checkbox"/> Intense anxiety	<input type="checkbox"/> Feeling trapped
<input type="checkbox"/> Fear or terror	<input type="checkbox"/> Feeling out of control
<input type="checkbox"/> Thoughts that I am having a heart attack	<input type="checkbox"/> Depersonalization or feelings that things do not seem real
<input type="checkbox"/> Fear of dying	<input type="checkbox"/> Fear of "going crazy"

3. How often do you experience the panic attacks? (For example, if you have on the average of three panic attacks weekly, then fill in the spaces as follows: 3 times per week .)

times per day week month year

4. Do the panic attacks often seem to come "out of the blue?"

Yes No

5. Some people experience the panic attacks in certain situations. In what situations do you commonly experience the panic attacks? (Place check the appropriate spaces.)

<input type="checkbox"/> Going out in public	<input type="checkbox"/> Going to a new place
<input type="checkbox"/> Large, crowded settings (e.g., mall,	<input type="checkbox"/> Social events/peer gatherings

- | | |
|---|---|
| _____ sporting events) | _____ Driving |
| _____ Going home | _____ Talking to person of opposite sex |
| _____ Going to school or at school | _____ Other (please identify) |
| _____ Before taking a test | _____ |
| _____ Before participating in a sporting event or concert | _____ |

6. What strategies or interventions have helped you to manage or deal with the panic attacks? Review the following list and place a checkmark next to the strategies that have helped.

- | | |
|-------------------------------------|---------------------------------|
| _____ Deep breathing | _____ Exercise |
| _____ Relaxation techniques | _____ Perform physical activity |
| _____ Accept anxiety/don't fight it | _____ Talk to parent or friend |
| _____ Distract myself | _____ Write in journal |
| _____ Listen to music | _____ Other (please identify) |
| _____ Clean/do schoolwork | _____ |
| _____ Take a walk | _____ |

7. What strategies have not helped, or what things make the panic attacks worse?

Please bring your survey to your next session. Your therapist will review your answers and help you to identify coping strategies that can help you, in turn, manage the panic attacks.