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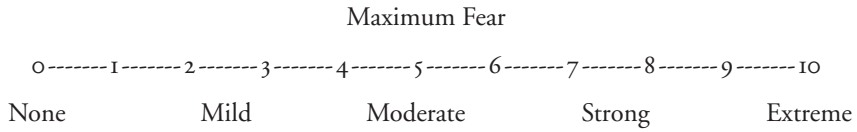
# Panic Attack Record

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Date: \_\_\_\_\_ Time began: \_\_\_\_\_

Triggers: \_\_\_\_\_

Expected: \_\_\_\_\_ Unexpected: \_\_\_\_\_



Check all symptoms present to at least a mild degree:

Chest pain or discomfort \_\_\_\_\_

Sweating \_\_\_\_\_

Heart racing/palpitations/pounding \_\_\_\_\_

Nausea/upset stomach \_\_\_\_\_

Shortness of breath \_\_\_\_\_

Dizzy/unsteady/lightheaded/faint \_\_\_\_\_

Shaking/trembling \_\_\_\_\_

Chills/hot flushes \_\_\_\_\_

Numbness/tingling \_\_\_\_\_

Feelings of unreality \_\_\_\_\_

Feelings of choking \_\_\_\_\_

Fear of dying \_\_\_\_\_

Fear of losing control/going insane \_\_\_\_\_

Thoughts: \_\_\_\_\_

Behaviors: \_\_\_\_\_