

Relaxation Practice Tracker & Panic Attack Worksheet

Patient Information:

- Name: _____
- Date of Birth: _____
- Date of Assessment: _____

Instructions: This worksheet will track your panic attacks and relaxation practices. This information will help us better understand your condition and tailor your treatment plan.

Part 1: Panic Attack Tracking

1. Date and Time of Attack:

- Date: _____
- Time: _____

2. Triggers (if any):

- Describe any situations, thoughts, or events that might have triggered the panic attack:

3. Symptoms Experienced:

- Please check all that apply:

- ☐ Rapid Heartbeat
- ☐ Shortness of Breath
- ☐ Chest Pain
- ☐ Dizziness
- ☐ Trembling
- ☐ Sweating
- ☐ Nausea
- ☐ Choking Sensation
- ☐ Fear of Losing Control
- ☐ Fear of Dying
- ☐ Other (please specify): _____

Duration:

- How long did the panic attack last? _____ minutes

Coping Mechanisms:

- What did you do during the panic attack to manage it?

Impact:

- How did the panic attack affect your daily life and functioning

Part 2: Relaxation Practice Tracking**1. Date and Time of Practice:**

- Date: _____
- Time: _____

2. Relaxation Technique Used:

- Describe the relaxation method you employed (e.g., deep breathing, progressive muscle relaxation, mindfulness, etc.):

3. Duration:

- How long did you practice this relaxation technique? _____ minutes

4. Effectiveness:

- Rate the effectiveness of the technique on a scale of 1 to 10, with 1 being not effective and 10 being very effective:

_____ (1-10)

5. Additional Notes:

- Any additional comments or observations about the practice:

Part 3: Overall Reflection

- How do you feel about your progress in managing panic attacks and practicing relaxation techniques? Any concerns or questions you'd like to discuss during our next session?