

Panic Assessment Worksheet

Date.....

Time.....

Where were you when the panic attack happened?

What were you doing before the panic attack started? Describe the situation or activity

Symptoms Experienced: (Check all that apply and describe the intensity if possible)

Physical Symptoms	Emotional Symptoms
Racing heart	Fear of losing control
Shortness of breath	Fear of dying
Chest pain or discomfort	Feeling detached from reality
Dizziness	Others: Mention them below
Sweating	
Shaking	
Numbness	



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How long did the panic attack last?

Rate the intensity of the panic attack on a scale of 1 to 10:
(1 being very mild, 10 being extremely intense)

(List any factors that might have triggered the panic attack, such as stress, specific thoughts, or external events.)

What actions did you take during the panic attack?

What steps can you take to prevent or better manage future panic attacks?

How did you feel after the panic attack subsided?
