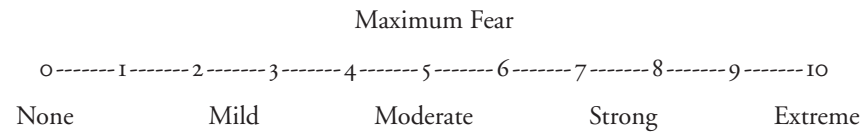

Panic Attack Record

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: _____
