

## Panic Disorder Self-Report Scale\*

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Panic attacks are discrete episodes of intense fear, apprehension, or terror that are accompanied by several physical symptoms. Panic attacks can either occur for no apparent reason (spontaneously) or upon entering into or being in situations which have become associated with them (e.g., long lines, closed spaces, driving over bridges). Do not consider fear to be a panic attack if it lasts several hours or most of the day.

1. During the last 6 months, have you had a panic attack or a sudden rush of intense fear or anxiety? (Circle your answer)	No	Yes
When was the most recent time this occurred?	Date:	
<b>If NO (you have not experienced a panic attack), please leave the remainder of this form blank.</b>		
<b>If YES, please continue.</b>		
2. Was at least 1 panic attack unexpected, as if it came out of the blue?	No	Yes
3. Did it happen more than once?	No	Yes
4. <u>If YES</u> to 3, approximately how many panic attacks have you had in your lifetime?		
<b>If NO to 1, 2, and 3, please leave the remainder of this form blank, otherwise continue.</b>		
5. Have you ever worried a lot (for at least 1 month) about having another panic attack?	No	Yes
6. Have you ever worried a lot (at least 1 month) that having the attacks meant you were losing control, going crazy, having a heart attack, seriously ill, etcetera?	No	Yes
7. Did you ever change your behavior or do something different (for at least 1 month) because of the attacks?	No	Yes
<b>If YES to 5, 6 OR 7 please answer the following questions:</b>		
Think back to your most severe panic attack. Did you experience any of the following symptoms?		
8. Shortness of breath or smothering sensations?	No	Yes
9. Feeling dizzy, unsteady, lightheaded, or faint?	No	Yes
10. Palpitations, pounding heart, or rapid heart rate?	No	Yes
11. Trembling or shaking?	No	Yes
12. Sweating?	No	Yes
13. Feelings of choking?	No	Yes
14. Nausea or abdominal distress?	No	Yes
15. Numbness or tingling sensations?	No	Yes
16. Flushes (hot flashes) or chills?	No	Yes
17. Chest pain or discomfort?	No	Yes
18. Fear of dying?	No	Yes

\* Reproduced with permission from Dr. Michelle Newman. Newman MG, Holmes M, Zuellig AR, Kachin KE, Behar E. The Reliability and Validity of the Panic Disorder Self-Report: A New Diagnostic Screening Measure of Panic Disorder. *Psychol Assess.* 2006; 18 (1), 49–61.

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