Panic Disorder Self-Report Scale*

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.				
When was the most recent time this occurred?	Date:			
<u>If NO</u> (you have not experienced a panic attack), please leave the re <u>If YES</u> , please continue.	emainder of this form bl	ank.		
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?				
<u>If NO</u> to 1, 2, and 3, please leave the remainder of this form blank	, otherwise continue.			
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		
If YES to 5, 6 OR 7 please answer the following questions:				
Think back to your most severe panic attack. Did you experience any o	f the fo ll owing symptom	is?		
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		

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19. Fear of going crazy or doing something uncontrolled?			No	Yes
20. How much do the	se symptoms interfere w	vith your daily functioning	? (Circle one)	
0	1	2	3	4
	1			Ţ
Not at all	Mildly	Moderately	Severely	Very severely/
				disabling
21. How distressing de	o you find these sympto	ms? (Circle one)		
0	1	2	3	4
	[ĺ
No distress	Mild distress	Moderate distress	Severe distress	Very severe distress
22. When you have bad panic attacks, does it often take <u>minutes</u>		No	Yes	
from the point at v	which the attack begins	to the point at which it		
reaches a peak or	becomes most intense?			
23. Just before you began having panic attacks, were you taking any			No	Yes
drugs or excessive amounts (more than 4 cups daily) of stimulants				
(e.g., coffee, tea, o	r cola with caffeine)?			
16.756				
a. <u>If YES</u> , what we	re you were taking?			
b. How much of it	t were you taking (in cup	os, cans, etc.)?		
24. Have you ever been diagnosed with a medical problem		No	Yes	
(hyperthyroidism,	(hyperthyroidism, a seizure or cardiac condition, etc.) that could			
have caused your	panic symptoms?			