Panic attack record

Date:_____

Time:_____

Situation/Trigger

Where were you at the time of the panic attack? What were you doing? What do you think triggered the panic attack?

_____

_____

_____

_____

_____

Body response

What body responses did you experience at that moment? Check off as many as you noticed.

☐ Fast Heartbeat	☐ Sweatiness	☐ Pain in the chest
☐ Feeling in the pit of stomach	☐ Breathlessness	☐ Nausea
☐ Trembling	☐ Hopelessness	☐ Headache
☐ Dizziness	☐ Muscle tension	☐ Other: _____

Rate the intensity of body responses you felt from 1 - 100.

Emotions

What emotions did you feel at that moment? Check off as many as you felt.

- ☐ Shame
- ☐ Sadness
- ☐ Dissapontment
- ☐ Embarrassment
- ☐ Anxiety
- ☐ Fear
- ☐ Anger
- ☐ Hopelessness
- ☐ Irritation
- ☐ Guilt
- ☐ Frustration
- ☐ Other: _____

Rate the intensity of emotions you felt from 1 - 100.

Thoughts

What were your thoughts at that moment?

Coping

What did you do to cope with your feelings?