



InfoSheet

Panic Disorder Support Group • Fort Lauderdale

Number: 5

Tuesday, February 26th, 2002

Learning About Your Reactions

Observation of your reactions provides you a sense of control giving you some predictability of your responses instead of giving you the feeling that you are a victim of external forces that dominate you. Self-monitoring helps you identify specific triggers that make panic attacks likely to occur. Monitoring allows you to evaluate your progress as you make changes in your behavior.

Panic attacks should be monitored by using a portable Panic Attack Record. It should be used every time you have a panic attack or a sudden rush of fear, and it should be completed immediately after the event rather than at the end of the day. Information you should complete includes: time of onset, duration of the attack, and with whom it occurred. A brief description of the stressful event, whether the fear was expected or unexpected, and the maximum level of fear experienced should be noted on the record.

Besides panic attacks, it is important to record general levels of anxiety and other moods. Anticipatory anxiety, or anxiety about the recurrence of panic is probably the most important feature to observe about panic attacks. Levels of anxiety and depression should be recorded on the Daily Mood Record at the end of each day. These feelings are estimated using a 0 –8 point scales where 0 is lowest and eight is as high as you have ever experienced.

PANIC ATTACK RECORD		
Date: <u>February 16</u>	Time Began: <u>5:20 pm</u>	Duration (mins.) <u>15</u>
With: <input checked="" type="checkbox"/> Alone	<input type="checkbox"/> Friend	<input type="checkbox"/> Stranger
<input type="checkbox"/> Family	Stressful Situation? <input checked="" type="radio"/> YES <input type="radio"/> NO <u>Waiting for husband to come home from work</u>	
Expected? <input checked="" type="radio"/> YES <input type="radio"/> NO		
Maximum Fear (circle)		
0-----1-----2-----3-----4-----5-----6-----7-----8 None Mild Moderate Strong Extreme		
Symptoms (underline the first symptom and check all symptoms present):		
<input checked="" type="checkbox"/> <u>Difficulty Breathing</u>	<input type="checkbox"/> Chest Pain/Discomfort	
<input checked="" type="checkbox"/> <u>Racing/Pounding Heart</u>	<input type="checkbox"/> Hot/Cold Flashes	
<input type="checkbox"/> Choking Sensations	<input type="checkbox"/> Numbness/Tingling	
<input type="checkbox"/> Sweating	<input type="checkbox"/> Feelings of Unreality	
<input type="checkbox"/> Trembling/Shaking	<input type="checkbox"/> Unsteadiness/Dizziness/Fainting	
<input type="checkbox"/> Nausea/Abdominal Upset	<input type="checkbox"/> Fear of Dying	
<input checked="" type="checkbox"/> Fear of Losing Control/Going Crazy		

The first symptom that occurred should be underlined, and all other symptoms that have at least been mildly present should be marked.

DAILY MOOD RECORD			
0-----1-----2-----3-----4-----5-----6-----7-----8			
None Mild Moderate Strong Extreme			
(rate your anxiety, depression and anticipation/worry according to the scale above)			
Date	Average Anxiety	Average Depression	Average Anticipation/Worry About Panic
2/16	5	4	6
2/17	6	4	6
2/18	4	3	5
2/19	3	2	4
2/20	4	4	4
2/21	3	2	2
2/22	2	2	2