and the same of the same	Pa	піс Аттаск кесо	
Date/_	·	Time Began A.M./P.M.	Duration: (r
With:		nd 🗆 Stranger 🗆 Famil	y
Expected?	Yes 🗆 No		
Maximum F	ear (circle)		
0	1 2	3 4 5	6 7 8
None	Mild	Moderate	Strong Extreme
Symptoms	☐ Difficulty Breathing	☐ Nausea/Abdomin	al Upset
(underline the	☐ Racing/Pounding Hea	rt 🔲 Fear of Losing Co	entrol/
first symptom and check all	☐ Choking Sensations	Going Crazy	☐ Unsteadiness/Dizzine
symptoms present)	: Sweating	☐ Chest Pain/Disco	mfort Fainting
	☐ Trembling/Shaking	☐ Hot/Cold Flashes	☐ Fear of Dying
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Data 1	• •	nic Attack Recor	d Duration:(
Date/_			
With:	☐ Alone ☐ Fries ituation? ☐ Yes ☐ No	nd 🖸 Stranger 🗘 Family	
Expected?			
•			
Maximum Fe	•	3 4 5	6 7 8
0 None	1 2 Mild	Moderate	Strong Extreme
None	Wild	Woderate	3cg
Symptoms	☐ Difficulty Breathing	☐ Nausea/Abdomina	-
(underline the first symptom	☐ Racing/Pounding Heart ☐ Fear of Losing Control/		
and check all	☐ Choking Sensations	Going Crazy	☐ Unsteadiness/Dizzines
symptoins present):	C 0	☐ Chest Pain/Discor	
	☐ Trembling/Shaking	☐ Hot/Cold Flashes	☐ Fear of Dying
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		c Attack Record	n u fei
e/		Began A.M./P.M.	Duration: (min
With:	☐ Alone ☐ Friend	☐ Stranger ☐ Family	
Stressful Situa			
Expected?	☐ Yes ☐ No		
ximum Fear	(circle)		
0	1 2 3	4 5	6 7 8
None	Mild	Moderate	Strong Extreme
mptoms	☐ Difficulty Breathing	☐ Nausea/Abdominal U	pset Numbness/Tingling
lerline the	☐ Racing/Pounding Heart	☐ Fear of Losing Contro	• 1
symptom	J	·	•
	☐ Choking Sensations	Going Crazy	□ Unsteadiness/Dizziness/
symptom check all ptoms present):	☐ Choking Sensations☐ Sweating	Going Crazy Chest Pain/Discomfor	·

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