The Psychology Clinic
FARNHAM

PANIC ATTACK DIARY

Date (mm /dd)	Description of situation where panic occurred	Breathlessness	Palpitations/ racing heart	Choking	Chest tight/ uncomfortable	Sweating	Dizziness/ unsteady/faint	Unreal/distant feeling	Nausea	Hot or cold flushes	Trembling/ shaking	Numbness or tingling	Fear of dying/going mad/loss of control	RATING OF SEVERITY (1-100)	PANIC FREQUENCY per day	Main body sensations	Negative interpre-tation (rate belief 0-100)	Rational response (re-rate belief in negative interpretation)

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