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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