



Checklist for panic attacks

Are you troubled by the following?

<p>Yes <input type="radio"/> No <input type="radio"/></p>	<p>Repeated or unexpected “attacks” during which you suddenly are overcome by intense fear or discomfort for no apparent reason</p>
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If yes, during an attack did you experience any of these symptoms?

<p>Yes <input type="radio"/> No <input type="radio"/></p>	<p>Pounding heart</p>
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Yes <input type="radio"/>	No <input type="radio"/>	Sweating
Yes <input type="radio"/>	No <input type="radio"/>	Trembling or shaking
Yes <input type="radio"/>	No <input type="radio"/>	Shortness of breath
Yes <input type="radio"/>	No <input type="radio"/>	Choking
Yes <input type="radio"/>	No <input type="radio"/>	Chest pain
Yes <input type="radio"/>	No <input type="radio"/>	Nausea or abdominal discomfort
Yes <input type="radio"/>	No <input type="radio"/>	"Jelly" legs
Yes <input type="radio"/>	No <input type="radio"/>	Dizziness
Yes <input type="radio"/>	No <input type="radio"/>	Fear of losing control or "going crazy"
Yes <input type="radio"/>	No <input type="radio"/>	Fear of dying
Yes <input type="radio"/>	No <input type="radio"/>	Numbness or tingling sensations
Yes <input type="radio"/>	No <input type="radio"/>	Chills or hot flushes

As a result of these attacks, have you...

Yes <input type="radio"/>	No <input type="radio"/>	experienced a fear of places or situations where getting help or escape might be difficult, such as in a crowd or on a bridge?
Yes <input type="radio"/>	No <input type="radio"/>	felt unable to travel without a companion?

For at least one month following an attack, have you...

Yes <input type="radio"/>	No <input type="radio"/>	felt persistent concern about having another one?
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Yes <input type="radio"/> No <input type="radio"/>	worried about having a heart attack or “going crazy”?
Yes <input type="radio"/> No <input type="radio"/>	changed your behavior to accommodate the attack?

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Depression and substance abuse are among the conditions that occasionally complicate panic disorder.

Yes <input type="radio"/> No <input type="radio"/>	Have you experienced changes in sleeping or eating habits?
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More days than not, do you feel...

Yes <input type="radio"/> No <input type="radio"/>	sad or depressed?
Yes <input type="radio"/> No <input type="radio"/>	disinterested in life?
Yes <input type="radio"/> No <input type="radio"/>	worthless or guilty?

During the last year, has the use of alcohol or drugs...

Yes <input type="radio"/> No <input type="radio"/>	resulted in your failure to fulfill responsibilities with work, school, or family?
Yes <input type="radio"/> No <input type="radio"/>	placed you in a dangerous situation, such as driving a car under the influence?
Yes <input type="radio"/> No <input type="radio"/>	gotten you arrested?
Yes <input type="radio"/> No <input type="radio"/>	continued despite causing problems for you or your loved ones?

Reference:

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.

