

Monitoring of panic and anxiety

General instructions

How to use the self-monitoring forms

Please use these self-monitoring forms to record any panic attacks you might experience and to record your average daily anxiety. You should keep careful records since this information is central to your treatment. Two kinds of information should be recorded:

1. Information about panic attacks which should be written down immediately after each panic attack.
2. Information about average daily anxiety which should be written down at the start and at the end of each day.

It is very important to write down the information at the specific time we indicate, since memories are often inaccurate. You should, therefore, carry these monitoring forms with you at all times and as soon as possible record every occurrence of a panic attack or near panic attack. Please read the following pages for detailed instructions on how to use the self-monitoring forms.

Definition

A panic attack is a sudden surge of intense fear or emotion which is often accompanied by feelings of immediate danger. The following symptoms might occur during a panic attack:

- Shortness of breath or smothering sensations;
- Dizziness, unsteady feelings, or faintness;
- Palpitations or accelerated heart rate;
- Trembling or shaking;
- Sweating;
- Choking;
- Nausea or abdominal distress;
- Depersonalization or derealization (things around you seem unreal or you feel detached from things around you or detached from part of your body);
- Numbness or tingling sensations;
- Flashes (hot flashes) or chills;
- Chest Pain or discomfort;
- Fear of dying;
- Fear of going crazy or of doing something uncontrolled.

Record of panic attacks

- to be recorded immediately after each episode -

Each time you experience a panic attack, please complete the panic attack record as follows:

- Date:** Write down the date
- Timebegan:** Using a watch, write down the time the panic attack started. For example, if you had a panic attack which started at quarter to 12 noon, you would write down 11.45 am.
- Duration (minutes):** Using a watch, write down how long the panic attack lasted. For example: You had a panic attack which started at quarter to 12 noon and ended at 12.07 PM. You would record 22 minutes.
- Expected?** Write down before or during a situation which almost always triggers a panic attack. Unexpected means that the panic attack occurred "out of the blue" or in a situation which usually doesn't trigger a panic attack. For example: Although you are afraid of crowded shopping malls, you go shopping in such a mall and experience a panic attack. You would then write down "expected".
- Maximum anxiety:** Estimate the highest level of anxiety you experienced during the panic attack using a scale from 0-10. On this scale, 0 indicates **no** anxiety at all, 5 indicates **moderate** anxiety, 10 indicates **extreme** anxiety.

0	1	2	3	4	5	6	7	8	9	10
no anxiety at all					moderate anxiety					extreme anxiety

- Symptoms:** Rate the extend to which you experienced the symptoms listed during the panic attack using a scale from 0 to 4. On this scale 0 indicates that you were **not** bothered by the symptom, 4 indicates that you were **extremely** bothered by the symptom.

0	1	2	3	4
not at all	alittlebit	moderately	quite a bit	extremely

- Thoughts/ images:** Record any thoughts and/or images you had during the panic attack and immediately before the panic attack started. For example: During a panic attack in a shopping mall you are thinking: "Oh god, I hope it's not a heart attack", "help, it's starting again", "I hope nobody will notice", "people will think I am crazy", "what if I am going to faint?", "I have a brain tumor".

Other possible thoughts may be about interpersonal conflict, stressors, or feelings that you are having. For example: "I'm really angry at....." or "I'll never be able to get out of this awful situation with....." Sometimes there might be frightening images such as a sudden image of a previous situation in which you panicked or an image of someone being angry at you.

Record of average daily anxiety

- to be recorded at the start and the end of each day -

In the morning:

At the start of the day (as you rise) please record how you rate the likelihood that you will have one or more panic attacks this day. You can use the following scale (0 means no chance of having a panic attack, 10 means that you are certain that you will have a panic attack):

0	1	2	3	4	5	6	7	8	9	10
I will have no panic attack		it is unlikely that I have a panic attack			it more likely than not that I have a panic attack			I will definitely have a panic attack		

Also, we would like you to rate how bad you think it would be if you had a panic attack, using the following scale:

0	1	2	3	4	5	6	7	8	9	10
not bad at all		not so bad			very bad			extremely bad		

In the evening:

Step 1:

By the end of the day (before you go to bed) please record the average level of anxiety felt through the day, and the highest and lowest levels as best as you can remember. While there may be a good deal of variation in how you feel through the day, try to get a sense of how all this averaged out for you. Do not include panic attacks you might have experienced during the day when estimating your average daily anxiety levels! Please use the following scale to indicate your average daily anxiety levels (0 means no anxiety at all, 5 means moderate anxiety, 10 means extreme anxiety):

0	1	2	3	4	5	6	7	8	9	10
no anxiety at all					moderate anxiety			extreme anxiety		

For example: You felt very calm through the morning and through lunch time ("0" on the anxiety-scale). In the early afternoon you started to feel more tense and you experienced moderate levels of anxiety ("5" on the anxiety scale). You had a panic attack at 3 PM and for the rest of the day you experienced higher levels of anxiety ("6" on the anxiety scale). You would write down "0" to indicate your lowest level of anxiety during this day. You would record "6" for your highest level of anxiety, **not counting the panic attack**. Finally you would try to get a sense how the anxiety averaged out for you - was it a "4" day, or a "5" day?

Step 2:

Also at the end of the day, please indicate the highest level of fear you had about the possibility of having a panic attack. For this purpose please use the following scale from 0-10 (0 means no fear at all, 5 means moderate fear, 10 means extreme fear).

0	1	2	3	4	5	6	7	8	9	10
no fear at all					moderate fear			extreme fear		

Step 3:

We would like you to estimate how good you were feeling during the day. For this purpose, please use the following scale from 0-10 (0 means **not** feeling good at all, 5 means feeling **moderately** good, 10 means feeling **extremely** good). Again, while there may be a good deal of variation in how you feel throughout the day, try to get a sense of how all this averaged out for you.

0	1	2	3	4	5	6	7	8	9	10
not feeling good at all					feeling moderately good					feeling extremely good

Step 4:

At the end of the week please rate the likelihood that you will have one or more panic attacks during **the next week**. You can use the following scale:

0	1	2	3	4	5	6	7	8	9	10
I will have no panic attack		it is unlikely that I have a panic attack				it more likely than not that I have a panic attack				I will definitely have a panic attack

Finally, we would like you to rate how bad you think it would be if you had a panic attack during the next week, using the following scale:

0	1	2	3	4	5	6	7	8	9	10
not bad at all			not so bad				very bad			extremely bad

Panic attack record

- to be completed immediately after each panic attack -

Date: Time began: Duration: (mins.) Expected?: (Yes / No)

Maximum anxiety:

0	1	2	3	4	5	6	7	8	9	10
no anxiety at all					moderate anxiety					extreme anxiety

Symptoms during the attack:

Please mark how much you were bothered by the following symptoms during the attack using this scale:

	0	1	2	3	4
not at all	a little bit	moderately	quite a bit	extremely	
Shortness of breath or smothering sensations	0	1	2	3	4
Dizziness, unsteady feelings, or faintness	0	1	2	3	4
Palpitations or accelerated heart rate	0	1	2	3	4
Trembling or shaking	0	1	2	3	4
Sweating	0	1	2	3	4
Choking	0	1	2	3	4
Nausea or abdominal distress	0	1	2	3	4
Depersonalization or derealization (Things around you seem unreal or you feel detached from things around you or detached from part of your body.)	0	1	2	3	4
Numbness or tingling sensations	0	1	2	3	4
Flushes (hot flashes) or chills	0	1	2	3	4
Chest Pain or discomfort	0	1	2	3	4
Fear of dying	0	1	2	3	4
Fear of going crazy or of doing something uncontrolled	0	1	2	3	4

Record any thought or images you have had immediately before or during the panic attack:

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