Please complete this form and show it to your doctor or other healthcare professional.

Do you have Panic Disorder?

Have you ever had the following symptoms develop abruptly and reach a peak within 10 minutes:

1. Palpitations, pounding heart, or accelerated heart rate? YES NO
2. Sweating? YES NO
3. Trembling or shaking? YES NO
4. A feeling of shortness of breath or smothering? YES NO
5. A feeling of choking? YES NO
6. Chest pain or discomfort? YES NO
7. Nausea or abdominal distress? YES NO
8. Feeling dizzy, unsteady, lightheaded, or faint? YES NO
9. Feeling unreal or detached from yourself? YES NO
10. Fear of losing control or going crazy? YES NO
11. Fear of dying? YES NO
12. Numbness or tingling sensations? YES NO
13. Chills or hot flushes? YES NO
14. Have these episodes happened repeatedly? YES NO
15. Have these episodes ever occurred "out of the blue", for no apparent reason? YES NO
16. Have you had persistent concern about having additional attacks for a month or more? YES NO
17. Have you worried about the implications of the attack or its consequences (e.g., losing control, having a heart attack, "going crazy") for a month or more? YES NO
18. Have you significantly changed your behavior, because of the attacks, for a month or more? YES NO

You might have Panic Disorder if all of the following are true:

- You answered YES to at least four of items 1-13
- You answered YES to items 14 and 15
- You answered YES to at least one of items 16, 17, or 18

Note: This questionnaire is for informational purposes only and is not intended to function as a psychological or psychiatric assessment. Diagnosis of psychiatric disorders requires a careful evaluation by a trained professional.

To get help for this condition or to receive a comprehensive assessment, please call The Institute of Living's Anxiety Disorders Center at (860) 545-7685.