

**Panic Disorder Screening Tool**

This is a screening measure to help you determine whether you might have panic disorder that needs professional attention. This screening tool is not designed to make a diagnosis of panic disorder but to be shared with your primary care physician or mental health professional to inform further conversations about diagnosis and treatment.

**Directions:**

1. Complete the provided form
2. Print out the results
3. Share them with your health care provider to determine a diagnosis

**If yes, during an attack did you experience any of these symptoms?**

|  |  |
| --- | --- |
| **Yes  No** | Repeated or unexpected “attacks” during which you suddenly are overcome by intense fear or discomfort for no apparent reason |
| **If yes, during an attack did you experience any of these symptoms?** | |
| **Yes  No** | Pounding heart |
| **Yes  No** | Sweating |
| **Yes  No** | Trembling or shaking |
| **Yes  No** | Shortness of breath |
| **Yes  No** | Choking |
| **Yes  No** | Chest pain |
| **Yes  No** | Nausea or abdominal discomfort |
| **Yes  No** | "Jelly" legs |
| **Yes  No** | Fear of losing control or "going crazy" |
| **Yes  No** | Dizziness |
| **Yes  No** | Fear of dying |
| **Yes  No** | Numbness or tingling sensations |
| **Yes  No** | Chills or hot flushes |

**As a result of these attacks, have you…**

|  |  |
| --- | --- |
| **Yes  No** | 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  No** | felt unable to travel without a companion? |
| **For at least one month following an attack, have you…** | |
| **Yes  No** | felt persistent concern about having another one? felt persistent concern about having another one? |
| **Yes  No** | worried about having a heart attack or “going crazy”? |
| **Yes  No** | 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  No** | Have you experienced changes in sleeping or eating habits? |
| **More days than not, do you feel…** | |
| **Yes  No** | sad or depressed? |
| **Yes  No** | disinterested in life? |
| **Yes  No** | worthless or guilty? |
| **During the last year, has the use of alcohol or drugs...** | |
| **Yes  No** | resulted in your failure to fulfill responsibilities with work, school, or family? |
| **Yes  No** | placed you in a dangerous situation, such as driving a car under the influence? |
| **Yes  No** | gotten you arrested? gotten you arrested? |
| **Yes  No** | continued despite causing problems for you or your loved ones? |

Please print this completed form and share it with your health care provider to determine a diagnosis.

For more information, visit us at www.adaa.org or contact us at [information@adaa.org](mailto:information@adaa.org)

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