

**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

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