

## PANIC DISORDER SELF-TEST

If you suspect you may be suffering from panic disorder, print and complete the following test then show the results to your health care professional.

### HOW CAN I TELL IF IT'S PANIC DISORDER?

**Yes or no?** Are you troubled by:

**Yes**  **No**  Repeated, unexpected "attacks" during which you suddenly are overcome by intense fear or discomfort, for no apparent reason?

During this 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**  Dizziness

**Yes**  **No**  Feelings of unreality or being detached from yourself

**Yes**  **No**  Fear of dying

**Yes**  **No**  Numbness or tingling sensations

**Yes**  **No**  Chills or hot flashes

**Yes**  **No**  Do you experience 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**  Does being unable to travel without a companion trouble you?

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

**Yes**  **No**  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. Illnesses that sometimes complicate an anxiety disorder include depression and substance abuse. With this in mind, please take a minute to answer the following questions:

**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?

**Yes**  **No**  Continued despite causing problems for you and/or your loved ones?

**Reference:**

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