

Instrument Title: The Panic Attack Questionnaire

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The Panic Attack Questionnaire

Were you ever treated in the past (drugs, psychotherapy, hospitalization) for any of the following?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	depression
<input type="checkbox"/>	<input type="checkbox"/>	anxiety or nervous disorders
<input type="checkbox"/>	<input type="checkbox"/>	other psychological disorders (Type? _____)
<input type="checkbox"/>	<input type="checkbox"/>	heart problems (Type? _____)
<input type="checkbox"/>	<input type="checkbox"/>	migraines or tension headaches
<input type="checkbox"/>	<input type="checkbox"/>	stress related disorders (e.g. ulcers, hypertension)
<input type="checkbox"/>	<input type="checkbox"/>	alcohol or drug problems
<input type="checkbox"/>	<input type="checkbox"/>	neurological problems (e.g. inner ear disturbance)

In this questionnaire we will ask you questions about panic attacks and your history of anxiety problems.

A panic attack is the sudden onset of intense fear or terror, often associated with feelings of impending doom, that is not a result of a real danger. Some of the most common symptoms experienced during an attack are: dizziness, shortness of breath, chest pain or discomfort, and trembling or shaking. A panic attack differs from feelings of fear, anxiety, or worry that build up over time, and also differs from moderate feelings of fear or anxiety. Rather, it involves quick hitting feelings of extreme terror or fear.

1. To the best of your knowledge, have any of the following members of your family experienced panic attacks? If you do not have a son or daughter, etc., please check "not applicable". Please indicate if any of these persons (or you) were adopted.

YES	NO	NOT APPLICABLE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mother
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	father
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	brother (s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sister (s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	son (s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	daughter (s)

2. Have YOU ever had one or more panic attacks? YES NO

2a. How old were you when you experienced your FIRST panic attack? _____

2b. When was your most recent panic attack? _____

If you have experienced one or more panic attacks in the PAST YEAR please answer ALL the remaining questions. If you have not experienced a panic attack or have only experienced a panic attack during an actual life threatening situation, please go on to the next questionnaire (ASI-R on page 10)

- a) In the PAST YEAR approximately how many panic attacks have you had? (please circle)

1 2 3 4 5 6 7 8 9 10 over 10 (How many? _____)

- b) In the PAST FOUR WEEKS how many panic attacks have you had?

1 2 3 4 5 6 7 8 9 10 over 10 (How many? _____)

c) In the PAST WEEK how many panic attacks have you had?

1 2 3 4 5 6 7 8 9 10 over 10 (How many? _____)

3. a) For approximately how long have you been experiencing panic attacks? _____ years _____ months

b) What age were you when you had your first panic attack? _____

4. a) Have panic attacks occurred MORE frequently at some time in the past?

YES ___ NO ___

b) Do you think the panic attacks are becoming more frequent?

YES ___ NO ___

c) Do you think the panic attacks are becoming more intense?

YES ___ NO ___

5. When a panic attack occurs, generally what is the time, speed between the onset of the attack and when the panic is most intense? Please again make rating for your most recent panic, the worst panic you can remember, and your typical or usual panic attacks.

Most Recent Panic Attack	Worst Ever Panic Attack	Typical/Usual Panic Attack
a) very rapid (less than 10 minutes)	a) very rapid (less than 10 minutes)	a) very rapid (less than 10 minutes)
b) moderately rapid (10 - 30 minutes)	b) moderately rapid (10 - 30 minutes)	b) moderately rapid (10 - 30 minutes)
c) moderately slow (30 – 60 minutes)	c) moderately slow (30 – 60 minutes)	c) moderately slow (30 – 60 minutes)
d) slowly (more than one hour)	d) slowly (more than one hour)	d) slowly (more than one hour)

6. How long, on average, does a panic attack last (start to finish)? Make rating for your most recent panic, the worst panic you can remember, and your typical or usual panic attacks.

Most Recent Panic Attack	Worst Ever Panic Attack	Typical/Usual Panic Attack
a) a few minutes (0-10 minutes)	a) a few minutes (0-10 minutes)	a) a few minutes (0-10 minutes)
b) 10 - 30 minutes	b) 10 - 30 minutes	b) 10 - 30 minutes
c) 30 minutes to one hour	c) 30 minutes to one hour	c) 30 minutes to one hour
d) several hours	d) several hours	d) several hours
e) more than one day	e) more than one day	e) more than one day

7. Please indicate how severely you experience each of the following symptoms WHEN YOU ARE HAVING a panic attack. **Remember:** A panic attack is the sudden onset of intense fear or terror, often associated with feelings of impending doom. Please rate how severe each symptom was during your most recent panic attack, the worst panic attack you can remember, and your usual or typical panic attacks.

	Most Recent Panic					Worst Ever Panic					Typical/Usual Panic				
	DOESN'T OCCUR	MILD	MODERATE	SEVERE	VERY SEVERE	DOESN'T OCCUR	MILD	MODERATE	SEVERE	VERY SEVERE	DOESN'T OCCUR	MILD	MODERATE	SEVERE	VERY SEVERE
a) difficulty breathing	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
b) neck tension	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
c) heart pounding	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
d) chest pain or discomfort	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
e) joint pain	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
f) choking or smothering sensations	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
g) dizziness, vertigo, or unsteady feelings	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
h) feelings of unreality	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
i) tingling in hands or feet	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
j) headache	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
k) hot and cold flashes	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
l) sweating	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
m) acute neck pain	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
n) faintness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
o) trembling or shaking	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
p) cold extremities	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
q) tinnitus/ringing in the ears	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
r) fears of death or serious illness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
s) fear of going crazy	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
t) fear of doing something uncontrolled	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
u) feeling of nausea	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
v) visual difficulties (e.g. blurred vision)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
w) auditory difficulties (e.g. ears ringing)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
x) difficulty concentrating	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
y) extremely rapid heartbeat	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
z) fear of causing a scene	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
aa) feeling of anger	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
bb) feeling of sadness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
cc) feeling of guilt	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
dd) urge to escape from scene of the panic	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
ee) flushing	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
ff) fear of drawing attention to oneself	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
gg) mouth feels dry	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
hh) feeling of helplessness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
ii) neck soreness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
other (describe):	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

8. a. Do you spend much of your time “on edge” worrying about future panic attacks? ___YES ___NO

b. For your most recent panic attack, please rate on the below listed scale how anxious or worried you were of having another attack in the future?

0	1	2	3	4	5	6	7	8
No Anxiety		Slight Anxiety		Moderate Anxiety		Much Anxiety		Total Anxiety

c. For your worst ever panic attack, please rate on the below listed scale how anxious or worried you were of having another attack in the future?

0	1	2	3	4	5	6	7	8
No Anxiety		Slight Anxiety		Moderate Anxiety		Much Anxiety		Total Anxiety

d. For your typical/usual panic attack, please rate on the below listed scale how anxious or worried you were of having another attack in the future?

0	1	2	3	4	5	6	7	8
No Anxiety		Slight Anxiety		Moderate Anxiety		Much Anxiety		Total Anxiety

9. a) What is the most severe panic symptom or symptoms you experience? _____

b) What is the first panic symptom you notice? _____

c) What is the most frightening panic symptom or symptoms for you? _____

d) Please list any other feelings or sensations that signal the onset of a panic attack for you. _____

10. Are you frightened by panic attacks more because of the immediate symptoms you experience or because you fear the symptoms may lead to something worse? (please check)

___symptoms are frightening ___symptoms may lead to something worse ___ both

11. What do you think or fear might happen during a panic attack? _____

12. Do you think panic symptoms are in some way harmful to your physical health? ___ YES ___ NO

mental health? ___ YES ___ NO

If “yes”, what type of harm do you think could happen? _____

13. The following section consists of TWO PARTS:

a. On the LEFT SIDE, please indicate in which of the following situations panic attacks have occurred by making checkmarks.

b. On the RIGHT SIDE, please indicate, for each situation, how likely you feel a panic attack will occur at some time in the future. Please indicate this future likelihood even if you haven't panicked there in the past.

1. Panic attacks HAVE occurred (please place a checkmark where appropriate)		2. Likelihood of panic attacks occurring in EACH situation				
		Never				Very Likely
___ a)	in life threatening situation	0	1	2	3	4
___ b)	when receiving injections or minor surgery	0	1	2	3	4
___ c)	eating or drinking with other people	0	1	2	3	4
___ d)	in hospitals or visits to a doctor	0	1	2	3	4
___ e)	traveling alone by bus or train	0	1	2	3	4
___ f)	walking alone in busy streets	0	1	2	3	4
___ g)	being watched or stared at	0	1	2	3	4
___ h)	going into crowded shops	0	1	2	3	4
___ i)	talking to people in authority	0	1	2	3	4
___ j)	sight of blood	0	1	2	3	4
___ k)	being criticized	0	1	2	3	4
___ l)	going alone far from home	0	1	2	3	4
___ m)	thought of injury or illness	0	1	2	3	4
___ n)	speaking or acting to an audience	0	1	2	3	4
___ o)	large open spaces	0	1	2	3	4
___ p)	going to the dentist	0	1	2	3	4
___ q)	attacks occurred unexpectedly, "out of the blue"	0	1	2	3	4
___ r)	during or following relaxation	0	1	2	3	4
___ s)	during or following exercise	0	1	2	3	4
___ t)	while sleeping	0	1	2	3	4
___ u)	while under the influence of drugs	0	1	2	3	4
___ v)	prior to or during test or exams	0	1	2	3	4
___ w)	while driving a car	0	1	2	3	4
___ x)	walking alone at night	0	1	2	3	4
___ y)	sexually intimate situations	0	1	2	3	4
___ z)	during an interpersonal conflict	0	1	2	3	4
___ aa)	while meeting stranger (s)	0	1	2	3	4
___ bb)	being in an enclosed area	0	1	2	3	4
___ cc)	loss or separation from significant other (e.g. divorce)	0	1	2	3	4
___ dd)	while under a lot of stress	0	1	2	3	4
___ ee)	subways	0	1	2	3	4
___ ff)	shopping malls	0	1	2	3	4
___ gg)	after consuming caffeine	0	1	2	3	4
___ hh)	during a hangover from alcohol	0	1	2	3	4
___ ii)	going a long period with little sleep	0	1	2	3	4
___ jj)	being the focus of attention	0	1	2	3	4
___ kk)	other (please explain):	0	1	2	3	4
___ ll)		0	1	2	3	4

14. What types of places or situations are you avoiding specifically because of fear of having a panic attack?

	Never Avoid	Occasionally Avoid	Sometimes Avoid	Usually Avoid	Always Avoid
a. In life threatening situation	0	1	2	3	4
b. When receiving injections or minor surgery	0	1	2	3	4
c. Eating or drinking with other people	0	1	2	3	4
d. In hospitals or visits to a doctor	0	1	2	3	4
e. Traveling alone by bus or train	0	1	2	3	4
f. Walking alone in busy streets	0	1	2	3	4
g. Being watched or stared at	0	1	2	3	4
h. Going into crowded shops	0	1	2	3	4
i. Talking to people in authority	0	1	2	3	4
j. Sight of blood	0	1	2	3	4
k. Being criticized	0	1	2	3	4
l. Going alone far from home	0	1	2	3	4
m. Thought of injury or illness	0	1	2	3	4
n. Speaking or acting to an audience	0	1	2	3	4
o. Large open spaces	0	1	2	3	4
p. Going to the dentist	0	1	2	3	4
q. Attacks occurred unexpectedly, "out of the blue"	0	1	2	3	4
r. During or following relaxation	0	1	2	3	4
s. During or following exercise	0	1	2	3	4
t. While sleeping	0	1	2	3	4
u. While under the influence of drugs	0	1	2	3	4
v. Prior to or during test or exams	0	1	2	3	4
w. While driving a car	0	1	2	3	4
x. Walking alone at night	0	1	2	3	4
y. Sexually intimate situations	0	1	2	3	4
z. During an interpersonal conflict	0	1	2	3	4
aa. While meeting stranger (s)	0	1	2	3	4
bb. Being in an enclosed area	0	1	2	3	4
cc. Loss or separation from significant other (e.g. Divorce)	0	1	2	3	4
dd. While under a lot of stress	0	1	2	3	4
ee. Subways	0	1	2	3	4
ff. Shopping malls	0	1	2	3	4
gg. After consuming caffeine	0	1	2	3	4
hh. During a hangover from alcohol	0	1	2	3	4
ii. Going a long period with little sleep	0	1	2	3	4
jj. Being the focus of attention	0	1	2	3	4
Other (please explain):	0	1	2	3	4
	0	1	2	3	4

21. People who experience panic attacks may use a variety of ways to cope with an actual attack. Please indicate if you ever used each method **during** an attack by circling YES or NO. When you circle “YES” please also indicate how effective you found the method to be in reducing the severity of panic attacks.

Used this strategy?		Totally ineffective		Moderately effective		Totally effective
YES	NO	1	2	3	4	5
YES	NO	1	2	3	4	5
1) Telling yourself your anxiety sensations aren't harmful						
YES	NO	1	2	3	4	5
2) Reassuring yourself that it will be over soon						
YES	NO	1	2	3	4	5
3) Distracting yourself by focusing on something else						
YES	NO	1	2	3	4	5
4) Lying down on a couch or bed						
YES	NO	1	2	3	4	5
5) Reassuring yourself nothing bad will happen						
YES	NO	1	2	3	4	5
6) Breathing exercises						
YES	NO	1	2	3	4	5
7) Relaxation exercises						
YES	NO	1	2	3	4	5
8) Talking or being with a friend or relative						
YES	NO	1	2	3	4	5
9) Telling yourself it will be OK because you've been through this before						
YES	NO	1	2	3	4	5
10) Smoking a cigarette						
YES	NO	1	2	3	4	5
11) Tackling the attack head on knowing you are going to learn to control it						
YES	NO	1	2	3	4	5
12) Thinking of pleasant images						
YES	NO	1	2	3	4	5
13) Taking medication						
YES	NO	1	2	3	4	5
14) Getting out of the situation						
YES	NO	1	2	3	4	5
15) Giving in to the panic rather than fighting it						
YES	NO	1	2	3	4	5
16) Telling yourself "I can handle it"						
YES	NO	1	2	3	4	5
17) Focus on staying in the situation						
YES	NO	1	2	3	4	5
18) Seeking medical attention						
YES	NO	1	2	3	4	5
19) Telling yourself people around won't judge you negatively.						
YES	NO	1	2	3	4	5
20) Looking about at the people, things and places before you						

Other Effective strategies (please describe) _____

22. Where were you and what were you doing during your first panic attack? _____

23. Were you experiencing any of the following stressful events at the time you had your first panic attack?

- | | | | |
|---------------|--|---------------|----------------------------|
| YES___ NO___ | Difficulties at work | YES___ NO___ | Loss of a loved one |
| YES ___ NO___ | Birth of a child | YES ___ NO___ | Surgery or injury |
| YES___ NO___ | Marital/family problems | YES___ NO___ | Life-threatening situation |
| YES___ NO___ | First attack occurred unexpectedly (out of the blue) | | |