

## PANIC DISORDER SELF-TEST

If you suspect you may be suffering from panic disorder, complete the following self-test by clicking the "yes" or "no" boxes next to each question, print out the test and 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