

Forms to accompany

Overcoming Anxiety and Panic interactive guide

Name: _____

Date: _____

Print these forms to fill out by hand. Make multiple copies of the last two pages:

- Form 8-02 Anxiety Record, one for each week, and
- Form 8-03 Panic Record, one for each panic attack.

Contents

Form 1-01: Depression Checklist	2	Form 8-99: Completed Chapter 8	15
Form 1-02: Setting Goals	2	Form 9-99: Completed Chapter 9	15
Form 1-03: Rewards Plan.....	3	Form 10-99: Completed Chapter 10	16
Form 2-99: Completed Chapter 2	3	Form 11-01: Fears vs. Facts.....	17
Form 3-01: Relatives with Anxiety	4	Form 11-02: True Alarm Coping Plan	18
Form 3-02: Chemical Triggers Checklist.....	4	Form 11-99: Completed Chapter 11	19
Form 3-03: External Stress List	5	Form 12-01: Physical Exercises First Practice	19
Form 3-04: Negative Self-Talk Checklist	6	Form 12-02: Physical Exercise Subsequent Practice	20
Form 3-05: Unrealistic Self-Demands Checklist	7	Form 12-99: Completed Chapter 12	21
Form 3-06: Past Events List	8	Form 13-01: Activities and Situations List	22
Form 3-99: Completed Chapter 3	9	Form 13-02: Activities and Situations Practice Record.....	24
Form 4-99: Completed Chapter 4	9	Form 13-99: Completed Chapter 13	25
Form 5-01: Anxiety or Panic Sensations.....	10	Form 15-01: Progress Review	25
Form 5-99: Completed Chapter 5	11	Form 15-02: Anxiety or Panic Sensations	26
Form 6-01: Fear and Danger Thoughts Checklist	12	Form 8-02: Anxiety Record	27
Form 6-99: Completed Chapter 6	13	Form 8-03: Panic Record.....	28
Form 7-01: Fear-Based Actions Checklist	14		
Form 7-99: Completed Chapter 7	15		
Form 8-01: Anxiety Cycle Review.....	15		

Overcoming Anxiety and Panic interactive guide

Form 1-01: Depression Checklist

- Do you feel generally hopeless about things?
- Do you feel sad or depressed most of the time most days?
- Do you feel worthless or guilty most of the time?
- When things happen you would normally enjoy, do you not enjoy them?
- Has your appetite changed so much that you lost or gained weight without trying?
- Do you have trouble sleeping, or do you sleep too much?
- Do you have much less energy than usual, or do you feel agitated?
- Do you wish you could die, or do you think about death or killing yourself?

Form 1-02: Setting Goals

My goal is to overcome anxiety and panic by:

I plan to work on overcoming anxiety and panic during these times:

Overcoming Anxiety and Panic interactive guide

Form 1-03: Rewards Plan

When I complete 'Step 1: Understanding my anxiety cycle' (Chapters 3-8) I will:

When I complete 'Step 2: Reducing my triggers' (Chapter 9) I will:

When I complete 'Step 3: Changing my response to sensations' (Chapter 10) I will:

When I complete 'Step 4: Changing my thinking' (Chapter 11) I will:

When I complete 'Step 5: Learning anxiety sensations are safe' (Chapter 12) I will:

When I complete 'Step 6: Learning activities are safe' (Chapter 13) I will:

Form 2-99: Completed Chapter 2

Date completed:

Lessons learned:

Overcoming Anxiety and Panic interactive guide

Form 3-01: Relatives with Anxiety

Enter the number of your blood relatives who have or used to have:

- Panic or anxiety attacks
- Unrealistic fears
- Excessive worry
- Need to do things in a rigid, special way such as repeated hand washing, excessive checking or repeating, unnecessary cleaning, etc.
- Significant depression
- An alcohol or drug problem

Form 3-02: Chemical Triggers Checklist

Mark any chemical triggers that apply to you:

- Caffeine or other stimulants
- Alcohol
- Smoking
- Marijuana
- Street drugs
- Over-the-counter drugs or supplements
- Prescription medications
- Hormone changes from menstrual periods, menopause, etc.

Overcoming Anxiety and Panic interactive guide

Form 3-03: External Stress List

Job:

Commute:

Home/family/personal relationships:

Certain people:

Medical conditions:

Money/economy/financial uncertainty:

Other:

Overcoming Anxiety and Panic interactive guide

Form 3-04: Negative Self-Talk Checklist

Do you:

- Criticize yourself?
- Call yourself hurtful names?
- Point out your shortcomings or focus on the negative about yourself?
- See yourself as helpless, incompetent, or weak?
- Feel vulnerable?
- Feel unable to protect yourself, take care of yourself, or cope?
- Focus on problems, rather than solutions or coping?
- Focus on the negative about your past, other people, or the world?
- Think about what can go wrong and expect the worst?

Overcoming Anxiety and Panic interactive guide

Form 3-05: Unrealistic Self-Demands Checklist

Do you tend to:

- Feel responsible for things that are out of your control?
- Take responsibility for everyone and everything?
- Feel guilty if things go wrong?
- Feel responsible for everyone's happiness or safety? Are you the person everyone turns to for help? Do you try to fix everyone?
- Expect perfection – even if you don't think of it in those words? Do others say you are a perfectionist?
- Have expectations so high that you constantly worry about failing?
- Never want to let anyone down?
- Want to never make a mistake, or look weak, or upset anyone?
- Feel the need to please everyone or have everybody's agreement?
- Avoid disagreeing or stating an opinion? Are you afraid to say what you want or how you feel?
- Expect that you should never feel anxious?
- See anxiety as a failure on your part?
- Feel you should always be in control?
- Think you should never need anyone or need help?
- Demand certainty? Want guaranteed safety?
- Become very upset about the fact that life is unfair at times? Do you demand that the world and other people be fair?

Overcoming Anxiety and Panic interactive guide

Form 3-06: Past Events List

List past events and any unhelpful lessons your brain may have learned from each event.

Event:

Unhelpful Lesson(s):

Event:

Unhelpful Lesson(s):

Event:

Unhelpful Lesson(s):

Event:

Unhelpful Lesson(s):

Event:

Unhelpful Lesson(s):

Overcoming Anxiety and Panic interactive guide

Form 3-99: Completed Chapter 3

Date completed:

Lessons learned:

Form 4-99: Completed Chapter 4

Date completed:

Lessons learned:

Overcoming Anxiety and Panic interactive guide

Form 5-01: Anxiety or Panic Sensations

Rate each sensation you have experienced using this 0-3 scale:

- 0 None, did not happen or did not bother me
- 1 Mild, bothered me a little but not much
- 2 Moderate, bothered me and was unpleasant at times
- 3 Severe, this sensation bothered me a lot

Sensation	Rating 0-3
Fast heartbeat, racing or pounding heart	
Chest tightness or chest pain	
Muscle tension	
Scared, nervous, afraid	
Fear of dying	
Fear of worst happening	
Feeling shaky, trembling, or weak	
Feeling unsteady	
Fear of losing control	
Short of breath, like you can't breathe, or not getting enough air	
Feeling hot or flushed	
Sweaty or clammy	
Tingling, numbness, or feeling cold	
Dizzy, unsteady, light-headed, or faint	
Visual changes like blurriness, spots, dark, light, tunnel vision, etc.	
Feeling unreal or like you are not present	
Nausea, queasiness, butterflies, knots in your stomach, other abdominal symptoms	
Feeling of choking, lump in the throat, can't swallow	
Feeling like you cannot think or concentrate	

Other physical sensations:

Overcoming Anxiety and Panic interactive guide

Form 5-99: Completed Chapter 5

Date completed:

Lessons learned:

Overcoming Anxiety and Panic interactive guide

Form 6-01: Fear and Danger Thoughts Checklist

Mark each fear thought you have experienced. If you have any fear thoughts that are not listed here, add them in at the end:

- Anxiety will get worse and worse
- Anxiety or panic will never end
- Something is medically wrong, like a heart attack, stroke, brain tumor, aneurysm, cancer, or _____
- I will choke, suffocate, be unable to breathe
- I will die
- I will fall or pass out. If I pass out, I will never wake up
- I could be paralyzed by panic and unable to move
- Anxiety will damage my mind or my body
- I will be unable to think or function, unable to work, unable to care for my family
- If I panic while driving, I could crash the car
- I am going crazy, having a nervous breakdown, or will “never come back” mentally
- I am out of control or could go out of control
- I might do something dangerous
- I will embarrass myself or my family
- Everyone can see when I am anxious
- People will think I am weird, crazy, or incompetent; they will judge, criticize, or reject me because of my panic or anxiety

Write down any other fear thoughts you have about panic:

Overcoming Anxiety and Panic interactive guide

Form 6-99: Completed Chapter 6

Date completed:

Lessons learned:

Overcoming Anxiety and Panic interactive guide

Form 7-01: Fear-Based Actions Checklist

Check all the actions you have taken because of anxiety or panic. If you take actions or avoid activities not listed here, add them on the lines at the end.

Do you:

- Call 911 or go to the Emergency Room?
- Go to the doctor or ask for medical tests?
- Know where the nearest hospital is, just in case?
- Take medicine to stop panic attacks?
- Always carry medicine with you 'just in case'?
- Try to always be with someone?
- Go off by yourself to be alone because of panic?
- Do other things because panic sensations scare you, such as drink water, eat, hyperventilate, call someone, go outside, open the car windows, turn on the air conditioner, etc.? Write them here:

Do you avoid:

- Leaving home?
- Going very far from home or to unfamiliar places?
- Driving alone?
- Driving on freeways or in the fast lane?
- Bridges, tunnels, or heights?
- Work or school?
- Parties or social situations?
- Crowded situations?
- Places you can't leave easily, such as:
 - Backseat of car
 - Middle of a row or pew
 - Elevators or escalators
 - Buses, trains, subways, tunnels
 - Airplanes
 - Dental appointments
 - Driving in slow traffic, heavy traffic, or traffic jams
 - Other enclosed spaces? Give examples:

Add other activities or situations you avoid or do in a special way to feel safe:

Overcoming Anxiety and Panic interactive guide

Form 7-99: Completed Chapter 7

Date completed:

Lessons learned:

Form 8-01: Anxiety Cycle Review

- What I have read so far makes logical sense to me.
- It helps explain why I have anxiety or panic attacks.
- It explains the purpose of my anxiety or panic sensations.
- It helps explain my fears and panic thoughts.
- I see how each part of the cycle makes anxiety continue.

Form 8-99: Completed Chapter 8

Date completed:

Lessons learned:

Form 9-99: Completed Chapter 9

Date completed:

Lessons learned:

Overcoming Anxiety and Panic interactive guide

Form 10-99: Completed Chapter 10

Date completed:

Lessons learned:

Overcoming Anxiety and Panic interactive guide

Form 11-01: Fears vs. Facts

Fears	Facts	Realistic?

Overcoming Anxiety and Panic interactive guide

Form 11-02: True Alarm Coping Plan

What if ? Realistic Likely Problem	Then I will Plan to Avoid or Cope with the Problem

Overcoming Anxiety and Panic interactive guide**Form 11-99: Completed Chapter 11**

Date completed:

Lessons learned:

Form 12-01: Physical Exercises First Practice

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

None

Mild

Medium

Strong

Worst

Subsequent Practice	Physical Exercise	Anxiety 0-10	Similar to Panic 0-10	Sensations
	Running in Place			
	Spinning			
	Balloon Breathing			
	Straw Breathing			
	Staring at Wall			
	Staring in Mirror			
	Head Lift			
	Muscle Tensing			
	Tight Throat (optional)			
	Hot, Sweating, Flushing (optional)			

Overcoming Anxiety and Panic interactive guide

Form 12-02: Physical Exercise Subsequent Practice

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

None

Mild

Medium

Strong

Worst

Date	Physical Exercise	Practice 1-5	Anxiety 0-10	What are you learning?

Overcoming Anxiety and Panic interactive guide

Form 12-99: Completed Chapter 12

Date completed:

Lessons learned:

Overcoming Anxiety and Panic interactive guide**Form 13-01: Activities and Situations List**

Rate each activity or situation using this scale:

0. Do without fear or Not Applicable
1. Fear but do anyway
2. Do but in a 'Safe Way'
3. Do but leave if feel panic
4. Avoid or don't do at all

Activities and Situations	Rating 0-4
Leave home	
Go far from home or somewhere unfamiliar	
Go places alone	
Be a passenger in a car	
Drive alone, with people, or with children in the car	
Drive on the freeway	
Drive in lots of traffic or in a traffic jam	
Drive on bridges, overpasses, tunnels, or other roadways	
Go to large stores, malls, movies, fairs, or other places with crowds or lines	
Go on a long airplane flight	
Take the bus, subway, or train	
Go places you can't easily leave like the doctor, dentist, backseat of a car, middle of a row, auditorium, theater, stadium or concert hall	
Go places without a nearby bathroom	
Take escalators or crowded elevators	
Go to work or school	
Speak up in meetings or class	
Go to parties or social situations	
Be alone	
Do exciting things that bring on strong emotions like sports events, scary movies, sex, disagreeing or arguing	

Overcoming Anxiety and Panic interactive guide

Activities and Situations	Rating 0-4
Drink or eat something with caffeine (tea, coffee, chocolate)	
Be in small spaces or hot, stuffy spaces	
Heights, high floors of tall buildings	

Overcoming Anxiety and Panic interactive guide

Form 13-02: Activities and Situations Practice Record

Rate each activity or situation using this 0-4 scale:

- 0 Do without fear or Not Applicable
- 1 Fear but do anyway
- 2 Do but in a 'Safe Way'
- 3 Do but leave if feel panic
- 4 Avoid or don't do at all

Activity or Situation	Rating 0-4	Notes

Overcoming Anxiety and Panic interactive guide

Form 13-99: Completed Chapter 13

Date completed:

Lessons learned:

Form 15-01: Progress Review

- Triggers: am I reducing my anxiety triggers?
- Sensations: are my anxiety sensations milder, shorter, or less frequent?
- Fears: am I less afraid of my anxiety sensations? Do I worry less about panic? Do I have fewer panic thoughts? Am I generally less anxious?
- Actions: am I doing things I need or want to do without avoiding, leaving, or doing things in some unnecessary, fear-motivated “safe” way? Does panic, or fear of panic, no longer limit me or affect my actions?
- Overall: have I reached my goal? Am I satisfied with my progress and where I am now?

Overcoming Anxiety and Panic interactive guide

Form 15-02: Anxiety or Panic Sensations

During the past week, how much were you bothered by these sensations while feeling anxious or panicky? Rate each sensation using this 0-3 scale:

- 0 None, did not happen or did not bother me
- 1 Mild, bothered me a little but not much
- 2 Moderate, bothered me and was unpleasant at times
- 3 Severe, this sensation bothered me a lot

Sensation	Rating 0-3
Fast heartbeat, racing or pounding heart	
Chest tightness or chest pain	
Muscle tension	
Scared, nervous, afraid	
Fear of dying	
Fear of worst happening	
Feeling shaky, trembling, or weak	
Feeling unsteady	
Fear of losing control	
Short of breath, like you can't breathe, or not getting enough air	
Feeling hot or flushed	
Sweaty or clammy	
Tingling, numbness, or feeling cold	
Dizzy, unsteady, light-headed, or faint	
Visual changes like blurriness, spots, dark, light, tunnel vision, etc.	
Feeling unreal or like you are not present	
Nausea, queasiness, butterflies, knots in your stomach, other abdominal symptoms	
Feeling of choking, lump in the throat, can't swallow	
Feeling like you cannot think or concentrate	

Other physical sensations:

Overcoming Anxiety and Panic interactive guide

Form 8-02: Anxiety Record

Anxiety Record for the week of: _____

Use this 10-point scale for the overall ratings:

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

None Mild Moderate Strong Extreme

Day	Number of Anxiety Episodes	Overall Anxiety Level (0-10)	Worry about Panic (0-10)	Comments
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				
Total				
Average				
Three Good Things/ Why				

Calculate averages by dividing the Total by the number of days for which you have ratings (typically 7).

Overcoming Anxiety and Panic interactive guide

Form 8-03: Panic Record

Date/time: _____ Duration: _____ Level (0-10): _____

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Fast/pounding heart | <input type="checkbox"/> Dizzy/lightheaded |
| <input type="checkbox"/> Chest pain/tightness | <input type="checkbox"/> Feel unreal |
| <input type="checkbox"/> Short of breath | <input type="checkbox"/> Vision changes |
| <input type="checkbox"/> Sweaty/Hot/Cold | <input type="checkbox"/> Trembling/shaky/weak |
| <input type="checkbox"/> Tingling/numb | <input type="checkbox"/> Choking feeling |
| <input type="checkbox"/> Stomach/GI feelings | <input type="checkbox"/> Other: _____ |

Fears:

- | | |
|--|--|
| <input type="checkbox"/> Suffocate/pass out | <input type="checkbox"/> Panic never end |
| <input type="checkbox"/> Medical problem/die | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Crazy/Lose control | |

Actions:

- | | |
|--|---|
| <input type="checkbox"/> Escape/Leave | <input type="checkbox"/> Safety actions |
| <input type="checkbox"/> Avoid | <input type="checkbox"/> Fight the anxiety response |
| <input type="checkbox"/> Look for danger | |

What was your first sign of panic? A sensation? A thought? An action?

Next sensation, thought, or action?

Then what did you think, do, or feel?

Then what?

Then what?

Then what?
