

Panic Thought Record

Use this form to monitor any episodes of heightened anxiety or panic. Practice noticing and tolerating negative thoughts, feelings and physical sensations. Try to identify and gradually reduce any safety or avoidance behaviours that you normally use to control or avoid the panic.

Trigger / Situation	Symptoms / Reactions	Emotions	Negative Appraisal	Safety Behaviours	Realistic Appraisal
What triggered the panic attack or anxiety episode?	What were the most frightening physical sensations and images?	What emotions did you experience? Rate intensity 0-100%	What was the worst that you thought could happen? Rate the strength of this belief 0-100%	What did you do to try to reduce or avoid the symptoms?	What is a realistic alternative explanation? Rate the strength of this belief 0-100%