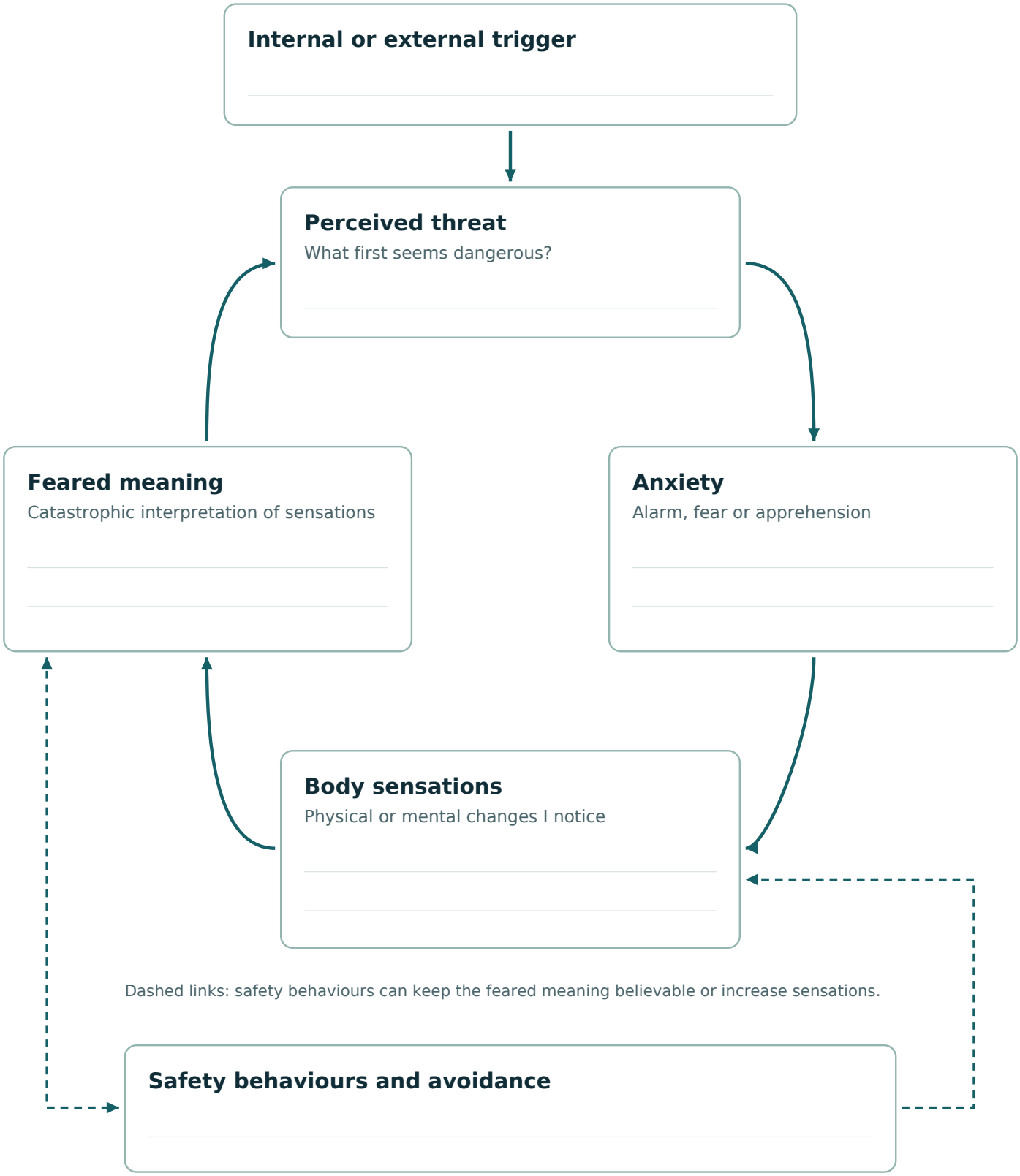
Panic model

Start with the trigger. Follow the main loop, then consider the dashed links to safety behaviours.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.



Clark (1986); safety-behaviour links informed by Salkovskis, Clark & Gelder (1996).

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Panic record

Use brief notes or estimates. Record selected examples afterwards; there is no need to monitor constantly.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

When and how often to record

ENTRY 1 - date / time: _____

Situation / trigger

Sensation; feared outcome

Response; fear 0 (none)-10 (most)

Actual outcome / learning

ENTRY 2 - date / time: _____

Situation / trigger

Sensation; feared outcome

Response; fear 0 (none)-10 (most)

Actual outcome / learning

Pattern noticed / next step

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Panic thought record

A sensation and an interpretation are different. This sheet cannot diagnose symptoms or replace medical assessment.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

Sensation I noticed

Feared meaning / belief 0-100%

What I observed / relevant clinical advice

Another possible explanation

A balanced view

Question or test to agree in therapy

Learning / belief now (0-100%)

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Panic safety behaviours

Consider what each behaviour does. Keep medical care, accessibility support and genuine safety precautions.

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Habit and feared outcome	Effect now	Later cost / blocked learning

Care, support and precautions to keep

Change to agree in therapy

Prediction, safeguards and review date

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Panic experiment

Make a specific prediction and a fair test. Plan any safeguards before practice; record observations afterwards.

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BEFORE PRACTICE

Question / prediction / belief 0-100%

Agreed task / habit to change

Safety, support and review plan

AFTER PRACTICE - observations and learning

What happened / feelings / coping

Prediction and outcome / another explanation

Learning / belief now / next step

Plan with your therapist. Do not induce symptoms or change prescribed care on your own.

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Panic exposure hierarchy

Choose a meaningful starting point. Difficulty estimates are optional: 0 = least difficult, 10 = most difficult.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

My goal

Safety and support

Step / activity	Prediction to test	Difficulty 0-10	Learning / next step

First step / agreed materials / review date

Plan with your therapist. Do not induce symptoms or change prescribed care on your own.

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Plan and review one step

Panic exposure hierarchy - keep genuine safety precautions and choose a step you agree to.

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Chosen step / prediction

What I will look for

Habit to change / support to keep

When, where and agreed endpoint

What actually happened

Learning / next agreed step

Plan with your therapist. Do not induce symptoms or change prescribed care on your own.

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Panic setback plan

Keep the learning visible. Match each early sign with a practical response rather than waiting for a difficult week.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

What I have learned

If I notice...	A small response I can use	Support / when to review

Helpful habits to keep

Medical advice and when to seek assessment

Support contacts and review date

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Toolkit guide and contents

The worksheets come first. Select what fits your goals; you do not need to complete every sheet.

Using this collection

New, severe, changing or unexplained physical symptoms should not be assumed to be panic. Obtain appropriate medical advice and emergency help for a medical emergency. Do not change medication or deliberately provoke breathlessness, dizziness or other symptoms using these sheets. Symptom-focused work requires professional assessment. The adult evidence framework needs age-appropriate adaptation for people aged 16-17.

Worksheet starting pages

01 Panic model

02 Panic record

03 Panic thought record

04 Panic safety behaviours

05 Panic experiment

06 Panic exposure hierarchy

08 Panic setback plan

Guidance and fictional examples follow this index. Individual website downloads also contain fillable fields; this complete toolkit is for printing.

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Using this resource

Panic model

What this helps with

Panic can escalate when bodily changes are interpreted as signs of an imminent catastrophe. Fear may then increase those sensations and narrow attention towards the body. This worksheet applies Clark's cognitive model to one episode, while keeping open the need for medical assessment. It helps distinguish the sensation itself from what you feared it meant. Panic attacks can occur in different difficulties; this map does not establish a diagnosis of panic disorder.

How to use it

1. Choose one episode after you have settled. Start with an internal trigger, such as a sensation, or an external situation.
2. Write what first seemed dangerous in the perceived-threat box.
3. Follow the loop clockwise: anxiety, sensations, feared meaning, then renewed threat. For example, a racing heart is a sensation; "I am about to collapse" is a feared interpretation.
4. Add avoidance or safety behaviours below the loop. The dashed links show how they may preserve the feared meaning or sometimes add to sensations. Not every link will fit every person.
5. Discuss uncertain links and one useful question with your therapist. The diagram helps explore a pattern; it cannot establish the cause of physical symptoms.

A fictional worked example

Daniel notices a faster heartbeat while queuing. He thinks something may be wrong, feels anxious and notices more racing and light-headedness. He interprets these sensations as "I am about to collapse", which strengthens the threat and starts the loop again. He checks his pulse and leaves. He later believes leaving prevented collapse, so the feared meaning stays untested. Having discussed recurring symptoms with his GP, he brings the map to therapy. The worksheet cannot decide whether symptoms need medical review.

Keep in mind

Do not assume new, severe, changing or unexplained physical symptoms are panic. Seek appropriate medical assessment; call emergency services for a medical emergency. This map is not an instruction to bring on symptoms, stop medication or remain in an unsafe situation.

Sources and attribution

Clark, D. M. (1986). A cognitive approach to panic. Behaviour Research and Therapy, 24(4), 461-470.

Salkovskis, P. M., Clark, D. M., & Gelder, M. G. (1996). Cognition-behaviour links in the persistence of panic. Behaviour Research and Therapy, 34(5-6), 453-458.

NICE (2011, updated 2020). Generalised anxiety disorder and panic disorder in adults: management (CG113).

Original material informed by the sources above. No outside organisation endorses this worksheet.

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Using this resource

Panic record

What this helps with

A brief record can make it easier to discuss what happens before, during and after panic. The most useful information is often the feared meaning and your response, rather than a detailed list of every sensation. Complete the diary after an episode, when it feels manageable, instead of monitoring yourself continuously. Include situations you approached as well as those you avoided, so the record shows learning and participation as well as distress.

How to use it

1. Record a recent episode or a moment when fear of panic changed your plans.
2. Note the main sensation and feared outcome; rate peak fear from 0-10 if useful.
3. Record attention, checking, escape, avoidance or other responses.
4. Write what actually happened and one question or learning point. Review a few entries together.

A fictional worked example

Priya records a bus journey after arriving home. Her main sensation was heat in her face; her prediction was that she would lose control and shout. Fear reached 8/10. She silently rehearsed escape plans and watched the next stop, but remained seated until her destination. She did not shout, although she cannot yet tell whether the mental rehearsal helped or kept the fear central. A second entry shows the same pattern in a queue. In therapy, the repeated prediction and mental safety behaviour provide a more useful target than simply counting how many attacks she has had that week.

Keep in mind

Keep entries short and avoid repeated pulse, breathing or symptom measurements unless a healthcare professional has asked for them. New or concerning symptoms need appropriate medical advice. If writing the diary intensifies distress, reduce its frequency and bring the difficulty to your therapist.

Sources and attribution

Clark, D. M. (1986). A cognitive approach to panic. Behaviour Research and Therapy, 24(4), 461-470.

Original material informed by the sources above. No outside organisation endorses this worksheet.

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Using this resource

Panic thought record

What this helps with

A racing heart, dizziness or feeling unreal can quickly acquire a frightening meaning. CBT explores that interpretation rather than asking you to deny what you feel. After appropriate assessment, it may be possible to consider more than one explanation and test predictions in treatment. A balanced alternative acknowledges uncertainty and context. The aim is not to produce a phrase you must repeat until you feel safe or to diagnose physical symptoms yourself.

How to use it

1. Choose a familiar, assessed episode. Name the sensation without adding an explanation.
2. Write the catastrophe you feared and how strongly you believed it, from 0-100%.
3. Review what you observed, relevant clinical advice and possible alternative meanings.
4. Write a believable working view and a question for a planned experiment. Review what you learn in practice.

A fictional worked example

After assessment of recurring panic, Sam records, "My hands tingled on the train." His feared meaning is, "I am about to lose control of my body," believed 90%. He notices that the episode involved rapid breathing and intense fear, but does not use this to diagnose every future symptom. A working view is, "These familiar sensations may fit the panic pattern we discussed; feeling them is not itself proof of the catastrophe." He wants to explore whether he can continue an ordinary conversation without checking his hands repeatedly. He agrees the next step with his therapist rather than inducing tingling on his own.

Keep in mind

This sheet cannot rule out a physical cause. Use medical advice for symptoms and seek reassessment when symptoms are new, changing or concerning. Avoid repeated evidence reviews that become reassurance rituals. Sensation-focused experiments require an individual suitability and safety discussion with a qualified professional.

Sources and attribution

Clark, D. M. (1986). A cognitive approach to panic. Behaviour Research and Therapy, 24(4), 461-470.

Original material informed by the sources above. No outside organisation endorses this worksheet.

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Using this resource

Panic safety behaviours

What this helps with

When panic feels dangerous, carrying out a particular action can seem essential. Some actions provide brief relief but make it harder to discover what would happen without them, or keep attention fixed on danger. Whether a behaviour serves this function depends on its purpose and context. This worksheet helps you assess that with your therapist. It does not label all coping, support, accessibility adjustments or medical treatment as a problem.

How to use it

1. List a few things you do because you believe they prevent a panic catastrophe.
2. Write what you think each action prevents and the relief it brings.
3. Consider whether it also changes sensations, attention or what you can learn.
4. With your therapist, choose one low-risk change and a clear prediction to investigate. Preserve genuine safety and care.

A fictional worked example

Alex always stands beside a shop exit because he believes he would collapse if he could not leave quickly. This reduces anxiety briefly but keeps the exit central to each trip. He and his therapist distinguish this from carrying his prescribed inhaler, which is part of medical care and stays unchanged. They plan a small experiment in a familiar shop: browse one shelf away from the exit while following the agreed medical plan. They will review what happens, including whether scanning for escape continues mentally. The purpose is to examine a belief, not prove bravery or remove every source of support.

Keep in mind

Never stop medication, discard prescribed equipment or ignore necessary precautions to test a safety behaviour. Do not change driving, water, height or other hazard precautions. Fainting history and medical conditions need assessment. Plan reductions collaboratively, and retain support that enables appropriate, safe participation.

Sources and attribution

Clark, D. M. (1986). A cognitive approach to panic. Behaviour Research and Therapy, 24(4), 461-470.

NICE (2011, updated 2020). Generalised anxiety disorder and panic disorder in adults: management (CG113).

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Using this resource

Panic experiment

What this helps with

Panic treatment can include experiments that test feared outcomes and help change the meanings attached to sensations. A good experiment has a specific question and a way to observe the answer. It is not a test of how much distress you can endure. This sheet supports planning and review after assessment; it does not prescribe a task. Keep the experiment relevant to the pattern you are working on and manageable enough to generate useful learning.

How to use it

1. Agree the question, a specific prediction and belief rating from 0-100%.
2. Choose the situation, one response to change and necessary safeguards. Confirm suitability with your therapist.
3. Decide what you will observe and when you will review it; avoid continuous body scanning.
4. Complete the agreed task, compare outcomes with the prediction and consider alternative explanations. Plan the next step.

A fictional worked example

With her therapist, Ella plans to wait in a familiar café queue rather than repeatedly checking her pulse. Her prediction is, "If my heart races and I do not check, I will collapse," at 85%. Medical considerations have already been reviewed. She agrees to notice what happens while choosing her drink and ordering, without using a new mental reassurance routine. She feels anxious and remains able to order; no collapse occurs. They review the remaining doubt that the task was too easy and decide what a useful next test would be. They do not treat one result as proof about all future physical symptoms.

Keep in mind

Use only a task individually agreed as appropriate. Exercises deliberately changing breathing, balance or bodily sensations need professional assessment and supervision; this sheet gives no induction instructions. Do not experiment in hazardous settings or change medication. Stop and seek help if a genuine medical or safety concern arises.

Sources and attribution

Clark, D. M. (1986). A cognitive approach to panic. Behaviour Research and Therapy, 24(4), 461-470.

NICE (2011, updated 2020). Generalised anxiety disorder and panic disorder in adults: management (CG113).

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Using this resource

Panic exposure hierarchy

What this helps with

Avoidance can gradually narrow daily life when you fear another panic attack. A graded plan helps reconnect treatment with what you want to be able to do. Choose steps by their usefulness, feasibility and the prediction they allow you to explore, as well as anticipated difficulty. You do not have to wait for anxiety to disappear before reviewing progress. This sheet works alongside your individual therapy plan and any agreed medical advice.

How to use it

1. Name a valued activity panic has restricted and a realistic destination goal.
2. Break the activity into several manageable steps; rate expected difficulty from 0-10.
3. For the first step, identify the feared prediction, safety behaviour to review and appropriate support.
4. Practise as agreed, record the outcome and learning, then repeat or adapt based on what you discovered.

A fictional worked example

Ruth wants to visit her sister by train again. She and her therapist identify steps: visit the station, take one stop at a quiet time, repeat at a busier time, then build towards the full journey. Each step tests her prediction that she cannot manage panic away from home. They keep ordinary travel planning and any necessary medical arrangements. After the one-stop trip, Ruth records that anxiety rose and she still reached her destination. She notices that constant route checking kept the fear prominent. The next practice focuses on that pattern, rather than simply adding a longer journey before she is ready.

Keep in mind

Plan around physical health, fainting, disability, access needs and actual environmental safety. Do not use driving or other hazardous activities as an unsupervised experiment. Severe avoidance may need more support than a worksheet provides. Adapt the sequence with a therapist; there is no compulsory speed or pass mark.

Sources and attribution

Clark, D. M. (1986). A cognitive approach to panic. Behaviour Research and Therapy, 24(4), 461-470.

NICE (2011, updated 2020). Generalised anxiety disorder and panic disorder in adults: management (CG113).

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Using this resource

Panic setback plan

What this helps with

After progress, a return of familiar panic sensations can feel discouraging. A written learning plan can help you recognise the old cycle and choose a useful response without declaring that treatment has failed. Base the plan on your own experiments and what they taught you. Keep medical advice separate and clear: learning about panic does not mean that all future symptoms should be treated as anxiety.

How to use it

1. Write the main panic prediction you worked on and the experiences that changed your understanding.
2. Identify early signs such as body scanning, escape planning or giving up activities.
3. Plan one manageable practice and how you will review it if fear returns.
4. Record your medical advice, support contacts and signs that mean you need renewed assessment or therapy.

A fictional worked example

After a stressful fortnight, Callum notices a familiar racing heart and the urge to avoid his commute. He reviews what previous experiments showed: familiar panic did not stop him completing ordinary journeys, and repeated pulse checks kept attention on danger. His plan is to resume a manageable journey and review the prediction with his therapist if needed, while continuing his usual medical care. He also notes that new, severe or changed symptoms require appropriate assessment. Instead of reading the plan repeatedly until certain, he reads it once and chooses the next action. His goal is returning to life, not guaranteeing that anxiety never appears.

Keep in mind

Do not use this plan to dismiss new, severe or changing symptoms. Seek suitable medical advice and emergency help for emergencies. If avoidance or distress is increasing, ask for further support. Young people aged 16-17 need a plan adapted with an appropriately qualified professional.

Sources and attribution

Clark, D. M. (1986). A cognitive approach to panic. Behaviour Research and Therapy, 24(4), 461-470.

NICE (2011, updated 2020). Generalised anxiety disorder and panic disorder in adults: management (CG113).

Original material informed by the sources above. No outside organisation endorses this worksheet.

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CBT coping card

Write reminders from your own learning. Keep the card brief and personal.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

When this may be useful

What I have learned

One helpful next step

Support or an agreed plan I can use

Print and cut around the dotted line, or save a private photograph of your own card.

How will I practise without relying on the card?

What did I learn from using it?

Your notes stay in your copy of this PDF. Keep them private; nothing is sent to this website.

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CBT coping card - guide

Use alongside the worksheet on page 1. Adapt it to your needs and any therapy plan.

What this helps with

A coping card holds a few words from what you have already learned in CBT. It can help you remember a useful action when the mind is busy. Make it personal and believable. The card is a reminder, not a promise that nothing difficult will happen.

How to use it

1. Choose one situation and use learning you actually believe, rather than a general positive slogan.

2. Write a short reminder and one action that fits your treatment plan. Agree any exposure step with your therapist.

3. Keep a copy or photograph if useful. Practise using the action, sometimes without consulting the card.

4. Review whether the card supports participation or has become something you feel you must check before you can cope.

A fictional example

Alex writes, 'I do not know exactly how I will come across. I can listen and contribute one point.' At a familiar meeting he reads it once, then puts it away. Later he tries the same action without the card. The learning is that he can participate with uncertainty, not that the card protects him from feeling anxious.

Keep in mind

Repeated rereading for certainty can become reassurance or a safety behaviour. If you feel unable to act without the card, review its use with your therapist. This is not a crisis or medical safety plan and must not replace either. Use a separate agreed support plan if urgent help is needed.

Review your learning

Did the card help me use a skill, and can I gradually rely more on the learning itself?

Sources informing the approach

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford Press.

NICE (2011, updated 2020). Generalised anxiety disorder and panic disorder in adults: management. CG113.

Original educational material, not a validated measure or a replacement for individual care. Sources do not endorse this worksheet.

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