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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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.

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