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

e.g. My heart was beating quickly in the queue.

Feared meaning / belief 0-100%

e.g. I will collapse. Belief 85%.

What I observed / relevant clinical advice

e.g. Record the advice I actually received; clarify any unanswered medical questions.

Another possible explanation

e.g. Anxiety may be contributing to the sensations.

A balanced view

e.g. A fast heartbeat does not tell me by itself what will happen.

Question or test to agree in therapy

e.g. Agree a suitable test of my prediction after assessment.

Learning / belief now (0-100%)

e.g. After agreed practice: stayed in the queue; did not collapse. Belief 60%.

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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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