

Panic Disorder Self-Report (PDSR)

		No	Yes
1	During the last six months, have you had a panic attack or a sudden rush of intense fear or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>
If YES , please continue			
If NO (you have not experienced a panic attack), please leave the rest of this form blank			
When was the most recent time this occurred? (please record date)		<input style="width: 100px; height: 20px;" type="text"/>	
2	Was at least one panic attack unexpected, as if it came out of the blue?	<input type="checkbox"/>	<input type="checkbox"/>
3	Did it happen more than once?	<input type="checkbox"/>	<input type="checkbox"/>
4	If YES to 3, approximately how many panic attacks have you had in your lifetime?	<input style="width: 100px; height: 20px;" type="text"/>	
If NO to 1, 2, and 3, please leave the rest of this form blank, otherwise continue			
5	Have you ever worried a lot (for at least one month) about having another panic attack?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you ever worried a lot (for at least one month) that having the attacks meant you were losing control, going crazy, having a heart attack, seriously ill, etc?	<input type="checkbox"/>	<input type="checkbox"/>
7	Did you ever change your behaviour or do something different (for at least one month) because of the attacks?	<input type="checkbox"/>	<input type="checkbox"/>
If YES to 5, 6 or 7 please answer the following questions:			
Think back to your most severe panic attack. Did you experience any of the following symptoms?			
8	Shortness of breath or smothering sensations?	<input type="checkbox"/>	<input type="checkbox"/>
9	Feeling dizzy, unsteady, lightheaded, or faint?	<input type="checkbox"/>	<input type="checkbox"/>
10	Palpitations, pounding heart, or rapid heart rate?	<input type="checkbox"/>	<input type="checkbox"/>
11	Trembling or shaking?	<input type="checkbox"/>	<input type="checkbox"/>
12	Sweating?	<input type="checkbox"/>	<input type="checkbox"/>
13	Feelings of choking?	<input type="checkbox"/>	<input type="checkbox"/>

14	Nausea or abdominal distress?	<input type="checkbox"/>	<input type="checkbox"/>
15	Numbness or tingling sensations?	<input type="checkbox"/>	<input type="checkbox"/>
16	Flushes (hot flashes) or chills	<input type="checkbox"/>	<input type="checkbox"/>
17	Chest pain or discomfort?	<input type="checkbox"/>	<input type="checkbox"/>
18	Fear of dying?	<input type="checkbox"/>	<input type="checkbox"/>
19	Fear of going crazy or doing something uncontrolled?	<input type="checkbox"/>	<input type="checkbox"/>

20. How much do these symptoms interfere with your daily functioning? (Please circle one)

0	1	2	3	4
Not at all	Mildly	Moderately	Severely	Very severely / disabling

21. How distressing do you find these symptoms? (Please circle one)

0	1	2	3	4
No distress	Mild distress	Moderate distress	Severe distress	Very severe

22	When you have bad panic attacks, does it often take less than ten minutes from the point at which the attack begins, to the point at which it reaches a peak or becomes most intense?	<input type="checkbox"/>	<input type="checkbox"/>
23	Just before you began having panic attacks, were you taking any drugs or excessive amounts (more than 4 cups daily) of stimulants (e.g. coffee, tea, or cola with caffeine)?	<input type="checkbox"/>	<input type="checkbox"/>
23a	If YES , what was it that you were taking?	<input type="text"/>	
23b	How much of it were you taking (in cups, etc.)?	<input type="text"/>	
24	Have you ever been diagnosed with a medical problem (e.g. hyperthyroidism, a seizure or cardiac condition, etc.) that could have caused your panic symptoms?	<input type="checkbox"/>	<input type="checkbox"/>

Add your results for questions **1 to 3**, **5 to 19**, and **22**, 'Yes' scores one, 'No' scores zero. Questions **4**, **23**, and **24** are not included in the total score.

The score for questions **20** and **21** are each divided by two. Unanswered questions score zero.

The values of scored items are added to create a total score, ranging from zero to twenty-four.

A score of **8.75** provides the best balance between sensitivity and specificity. On the basis of this cut-off, 95% of research participants were correctly classified as having, or not having, panic disorder.

If your score is 8.75 or more, it is likely you have panic disorder.