

Date _____ Name _____

Level (0-10) _____ Time began: _____ Time ended: _____

Symptoms _____

What type? _____

Where are you? _____

What were you doing when the attack began? _____

Are you alone? (If not, list who is present) _____

What were you thinking **before** the attack? _____

What were you thinking **during** the attack? _____

How did you talk back to the fears? _____

What actions did you take to calm yourself? _____

How did the attack end? _____

How do you want to respond differently next time? _____