

Date \_\_\_\_\_ Name \_\_\_\_\_

Level (0-10) \_\_\_\_\_ Time began: \_\_\_\_\_ Time ended: \_\_\_\_\_

Symptoms \_\_\_\_\_

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What type? \_\_\_\_\_

Where are you? \_\_\_\_\_

What were you doing when the attack began? \_\_\_\_\_

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

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What were you thinking **before** the attack? \_\_\_\_\_

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What were you thinking **during** the attack? \_\_\_\_\_

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How did you talk back to the fears? \_\_\_\_\_

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What actions did you take to calm yourself? \_\_\_\_\_

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How did the attack end? \_\_\_\_\_

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How do you want to respond differently next time? \_\_\_\_\_