



Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Panic Disorder Severity Scale – Self Report Form

The symptoms of a Panic Attack tend to start within seconds and last or many minutes. The common symptoms are listed below. Please complete the following:

- 1) Check the symptoms that typically occur for you, then
- 2) Answer the questions below regarding the general experience you tend to have

- |                             |                               |   |
|-----------------------------|-------------------------------|---|
| Rapid or pounding heartbeat | Chest pain or discomfort      | Chills or hot flushes                     |
| Sweating                    | Nausea                        | Fear of losing control or going crazy     |
| Trembling or shaking        | Dizziness or faintness        | Fear of dying                             |
| Breathlessness              | Feelings of unreality         | Numbness or tingling                      |
| Feeling of choking          | Things look distorted/surreal | Impending sense of doom or need to escape |

How many panic and limited symptoms attacks did you have during the week?	During the past week, were there any activities that you avoided, or felt afraid of , because they caused sensations like those you feel during panic attacks or that you thought might trigger a panic attack? Are there other situations that you would have avoided/been afraid of if they came up during the week, for the same reason? If yes to either question, please rate your level of fear and avoidance this past week.
0 - No panic or limited symptom episodes	0 - No fear or avoidance of situations/activities due to distressing sensations
1	1 - Mild: Occasional fear and/or avoidance but I could usually confront/endure.
2 - Mild: no full panic attacks and no more than 1 limited symptom attack/day -	2 - Moderate: Noticeable fear/avoidance but still manageable. Avoidance works.
3	3
4 - Moderate: 1 or 2 full panic attacks and/or multiple limited symptom attacks/day	4 - Severe: Extensive avoidance requiring substantial modification of lifestyle.
5	5
6 - Severe: more than 2 full attacks but not more than 1/day on average	6 - Extreme: Pervasive disabling fear and/or avoidance.
7 - Extreme: full panic attacks occurred more than once a day, more days than not	7 - Extensive: Major changes required & important tasks weren't performed.
If you had any panic attacks during the past week, how distressing (uncomfortable, frightening) were they <u>while they were happening</u> ? (If you had more than one, give an average rating. If you didn't have any panic attacks but did have limited symptom attacks, answer for the limited symptom attacks.)	AUDITORY DISTURBANCES -- Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there"
0 - Not at all distressing, or no panic/limited symptom attacks during the past week	0 - Not present
1	1 - Very mild harshness or ability to frighten
2 - Mildly distressing (not too intense)	2 - Mild harshness or ability to frighten
3	3 - Moderate harshness or ability to frighten
4 - Moderately distressing (intense, but still manageable)	4 - Moderately severe hallucinations
5	5 - Severe hallucinations
6 - Severely distressing (very intense)	6 - Extremely severe hallucinations
7 - Extremely distressing (extreme distress during all attacks)	7 - Continuous hallucinations
During the past week, how much have you worried or felt anxious about when your next panic attack would occur or about fears related to the attacks (for example, that they could mean you have physical or mental health problems or could cause you social embarrassment)?	During the past week, how much did the above symptoms altogether interfere with your ability to work or carry out your responsibilities at home? (If your work or home responsibilities were less than usual this past week, answer how you think you would have done if work had been usual.)
0 - Not at all	0 - No interference with work or home responsibilities.
1	1 - Slight interference with work/home tasks, but I could do nearly everything.
2 - Occasionally or only mildly Frequently or moderately	2
3	3 - Significant interference with work/home tasks, but most things got done.
4 - Very often or to a very disturbing degree	4
5	5 - Substantial impairment in work/home tasks. Many things didn't get done.
6	6
7 - Nearly constantly and to a disabling extent	7 - Extreme, incapacitating impairment; I was unable to manage most things.
During the past week were there avoided places or situations, or fearful of (wanted to avoid/leave), due to fear of a panic attack? Are there other situations that you would have avoided/been afraid of if they came up during the week, for the same reason? If yes to either question, please rate your level of fear and avoidance this past week.	During the past week, how much did panic and limited symptom attacks, worry about attacks and fear of situations and activities because of attacks interfere with your social life? (If you didn't have many opportunities to socialize this past week, answer how you would have done if you had opportunities.)
0 - None: no fear or avoidance	0 - No interference
1 - Mild: occasional fear and/or avoidance but I could usually confront or endure.	1 - Slight interference with social activities, but I could do nearly everything.
2 - Moderate: noticeable fear and/or avoidance but still manageable. I avoided some.	2
3	3 - Significant interference with social activities but I could manage most.
4 - Severe: extensive avoidance. Substantial modification of my lifestyle was needed	4
5	5 - Substantial impairment in social activities with many social limitations
6 - Extreme: pervasive disabling fear and/or avoidance.	6
7 - Extensive major changes were required & important tasks were not performed.	7 - Extreme, incapacitating impairment. I did almost nothing social due to this.
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Total Score _____ Rater's Initials _____	