

<b>Date and Event:</b> Where, when, with whom	<b>Intensity of panic:</b> Rate from 0-100	<b>Physical symptoms:</b> <i>What did you feel in your body?</i> <i>Where did you feel it?</i>	<b>Feared consequences:</b> <i>What went through your mind?</i> <i>(words or images)</i>	<b>Behaviour:</b> <i>What did you do?</i>	<b>Alternative explanations for symptoms</b>