

# My Cycle of Panic and Anxiety

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Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Duration \_\_\_\_\_ (mins)

With: Family member \_\_\_\_\_ Friend \_\_\_\_\_ Stranger \_\_\_\_\_ Alone \_\_\_\_\_

Stressful situation: \_\_\_\_\_ If yes, specify \_\_\_\_\_ Expected: \_\_\_\_\_

Maximum Anxiety (Select the number that applies)

0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8

None

Moderate

Extreme

