**Panic Disorder: Diagnosis**

These are the DSM V diagnostic criteria for Panic Disorder. Please review your diagnostic assessment (Sections A and B) using this checklist. If the symptom is “clearly present” mark that box. If the symptom has been sustained for at least 1 month mark the box “sustained”. Please ensure that the determining criteria (C and D) are also met. For a diagnosis of Panic Disorder, **BOTH** boxes in A and B must be marked. As well, items C and D must be clearly present.

<table>
<thead>
<tr>
<th>Clearly Present</th>
<th>Sustained</th>
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| A) Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur:  
  - Palpitations, pounding heart, or accelerated heart rate  
  - Sweating  
  - Trembling or shaking  
  - Sensations of shortness of breath or smothering  
  - Feeling of choking  
  - Chest pain or discomfort  
  - Nausea or abdominal distress  
  - Feeling dizzy, unsteady, light-headed, or faint  
  - Chills or heat sensations  
  - Paresthesias (numbness or tingling sensations)  
  - Derealization (feelings of unreality) or depersonalization (being detached from oneself)  
  - Fear of losing control or “going crazy”  
  - Fear of dying  

*Note: Culture-specific symptoms (e.g., tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms.* |

| B) At least one of the attacks has been followed by 1 month (or more) of one or both of the following:  
  1. Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, “going crazy”).  
  2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations). |

| C) The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism, cardiopulmonary disorders). |

| D) The disturbance is not better explained by another mental disorder (e.g., the panic attacks do not occur only in response to feared social situations, as in social anxiety disorder; in response to circumscribed phobic objects or situations, as in specific phobia; in response to obsessions, as in obsessive-compulsive disorder; in response to reminders of traumatic events, as in posttraumatic stress disorder; or in response to separation from attachment figures, as in separation anxiety disorder). |