

PANIC AND AGORAPHOBIA SCALE

NAME: _____ **DATE:** _____

The PAS is a measure of the severity of illness in patients with panic disorder (with or without agoraphobia). It contains 5 sub-scales: panic attacks, agoraphobic avoidance, anticipatory anxiety, disability, and functional avoidance (health concerns).

This questionnaire is designed for people suffering from panic attacks and agoraphobia. First, read the definition of "panic attacks" below; then rate the severity of your symptoms **over the past week.**

Panic attacks are sudden outbursts of anxiety, accompanied by one or more of the following symptoms:

- palpitations, pounding heart, or increased heart rate
- sweating
- trembling or shaking
- dry mouth
- difficulty breathing
- feeling of choking
- chest pain or discomfort
- nausea or abdominal distress (churning in stomach)
- feeling dizzy, unsteady, faint, or light-headed
- feelings that objects are unreal (like in a dream)
- fear of losing control, "going crazy," or passing out
- fear of dying
- hot flushes or cold chills
- numbness, or tingling sensations

Panic attacks develop suddenly and increase in intensity within about 10 minutes.

1. How frequently did you have panic attacks?

- no panic attacks in the past week
- 1 panic attack in the past week
- 2-3 panic attacks in the past week
- 4-6 panic attacks in the past week
- more than 6 panic attacks in the past week

2. How severe were the panic attacks in the last week?

- no panic attacks
- attacks were usually mild
- attacks were usually moderate
- attacks were usually severe
- attacks were usually extremely severe

3. How long did the panic attacks last?

- no panic attacks
- 1 to 10 minutes
- 10 to 60 minutes
- 1 to 2 hours
- over 2 hours

4. Were most of the attacks expected (occurring in feared situations) or unexpected (spontaneous)?

- mostly unexpected (or no panic attacks)
- more unexpected than expected
- some unexpected, some expected
- more expected than unexpected
- mostly expected

5. In the past week, did you avoid certain situations because you feared having a panic attack or a feeling of discomfort?

- no avoidance (or my attacks don't occur in specific situations)
- infrequent avoidance of feared situations
- occasional avoidance of feared situations
- frequent avoidance of feared situations
- very frequent avoidance of feared situations

6. Please check the situation(s) you avoided or in which you developed panic attacks or a feeling of discomfort when you are not accompanied:

- Airplanes
- Subways (underground)

- Buses, trains
- Ships
- Theaters, cinemas
- Supermarkets
- Standing in lines (queues)
- Auditoriums, stadiums
- Parties, social gatherings
- Crowds
- Restaurants
- Museums
- Elevators (lifts)
- Enclosed spaces (tunnels)
- Classrooms, lecture halls
- Driving or riding in a car
- Large rooms (lobbies)
- Walking on the street
- Fluids, wide streets, courtyards
- High places
- Crossing bridges
- Traveling away from home
- Staying home alone
- Other

7. How important were the avoided situations?

- unimportant (or no agoraphobia)
- not very important
- moderately important
- very important
- extremely important

8. In the past week, did you suffer from the fear of having a panic attack (anticipatory anxiety or "fear of being afraid")?

- no anticipatory anxiety
- infrequent fear of having a panic attack
- sometimes fear having a panic attack
- frequent fear of having a panic attack
- fear having a panic attack all the time

9. How strong was this "fear of fear"?

- none
- mild
- moderate
- marked
- extreme

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10. In the past week, did panic attacks or agoraphobia lead to an impairment in your family relationships (partner, children, etc.)?

- no impairment
- mild impairment
- moderate impairment
- marked impairment
- extreme impairment

11. In the past week, did panic attacks or agoraphobia lead to an impairment of your social life and leisure activities (for example, you weren't able to go a film or party)?

- no impairment
- mild impairment
- moderate impairment
- marked impairment
- extreme impairment

12. In the past week, did panic attacks or agoraphobia lead to an impairment of your work or household responsibilities?

- no impairment
- mild impairment

- moderate impairment
- marked impairment
- extreme impairment

13. In the past week, did you worry about suffering harm from your panic attacks (for example, having a heart attack or fainting)?

- not true
- hardly true
- partly true
- mostly true
- definitely true

14. Do you sometimes believe that your doctor was wrong when he told you your symptoms (like rapid heart rate, tingling sensations, or shortness of breath) have a psychological cause? Do you believe the actually cause of these symptoms is an undiscovered physical problem?

- not true (rather psychic disease)
- hardly true
- partly true
- mostly true
- definitely true (rather organic disease)