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Panic Disorder in Young People Questionnaires



PANIC DISORDER SEVERITY SCALE (PDSS-C)

Instructions: Several of the following questions refer to panic attacks and limited symptom attacks. For this questionnaire, a panic attack is defined as a sudden rush of fear or discomfort accompanied by at least four of the symptoms listed below. To qualify as a sudden rush, the symptoms must peak within 10 minutes. Episodes like panic attacks, but having fewer than four of the listed symptoms, are called limited-symptom attacks. Here are the symptoms to count:

- Rapid or pounding heartbeat
- Sweating
- Trembling or shaking
- Breathlessness
- Feeling of choking
- Chest pain or discomfort
- Nausea
- Dizziness or faintness
- Feelings of unreality
- Numbness or tingling
- Chills or hot flushes
- Fear of losing control or going crazy
- Fear of dying

For each of the following questions, circle the number of the answer that best describes your experience during the past week:

1. How many panic and limited-symptoms attacks did you have during the past week?

No panic or limited-symptoms episodes	0
Mild: No full panic attacks and no more than one limited-symptoms attack/day	1
Moderate: One or two full panic attacks and/or multiple limited-symptom attacks per day	2
Severe: More than two full attacks but not more than one per day on average	3
Extreme: Full panic attacks occurred more than once a day, more days than not	4

2. If you had any panic attacks during the past week, how distressing (uncomfortable, frightening) were they while they were happening? (If you had more than one, give an average rating. If you didn't have any panic attacks but did have limited-symptoms attacks, answer for the limited-symptom attacks)

Not at all distressing, or no panic or limited-symptom attacks during the past week	0
Mildly distressing (not too intense)	1
Moderately distressing (intense, but still manageable)	2
Severely distressing (very intense)	3
Extremely distressing (extreme distress during all attacks)	4

3. During the past week, **how much have you worried or felt anxious about when your next panic attack would occur**, or other fears related to the attacks (for example, that they could mean you have physical or mental health problems or could cause you social embarrassment)?

Not at all	0
Occasionally or only mildly	1
Frequently or moderately	2
Very often or to a very disturbing degree	3
Nearly constantly and to a disabling extent	4

4. During the past week, were there **any places or situations** (e.g. public transportation, cinemas, crowds, bridges, tunnels, shopping malls, being alone) **you avoided, or felt afraid of** (uncomfortable in, wanted to avoid or leave), because of fear of having a panic attack? Are there any other situations that you would have avoided or been afraid of if they had come up during the week, for the same reason? If yes to either question, please rate your level of fear and avoidance this past week.

None: No fear or avoidance	0
Mild: Occasional fear and/or avoidance, but I could usually confront or endure the situation. There was little or no modification of my lifestyle due to this.	1
Moderate: Noticeable fear and/or avoidance, but still manageable. I avoided some situations but I could confront them with a companion. There was some modification of my lifestyle because of this, but my overall functioning was not impaired	2
Severe: Extensive avoidance. Substantial modification of my lifestyle was required to accommodate the avoidance, making it difficult to manage usual activities	3
Extensive: Pervasive disabling fear and/or avoidance. Extensive modification in my lifestyle was required, such that important tasks were not performed	4

5. During the past week, were there any **activities** (e.g. physical exertion, taking a hot shower or bath, drinking coffee, watching an exciting or scary movie) **that you avoided, or felt afraid of** (uncomfortable doing, wanted to avoid or stop), because they cause physical sensations like those you feel during panic attacks or that you were afraid might trigger a panic attack? Are there any other activities that you would have avoided or been afraid of if they had come during the week, for that reason? If yes to either question, please rate your level of fear and avoidance of those activities this past week.

No fear or avoidance of situations or activities because of distressing physical sensations	0
Mild: Occasional fear and/or avoidance, but usually I could confront or endure with little distress activities that cause physical sensations. There was little modification of my lifestyle due to this	1
Moderate: Noticeable avoidance, but still manageable. There was definite, but limited, modification of my lifestyle, such that my overall functioning was not impaired	2
Severe: Extensive avoidance. There was substantial modification of my lifestyle or interference in my functioning	3

Extensive: Pervasive and disabling avoidance. There was extensive modification in my lifestyle due to this, such that important tasks or activities were not performed	4
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6. During the past week, how much did the above symptoms altogether (panic and limited-symptom attacks, worry about attacks and fear of situations and activities because of attacks) **interfere with your ability to work, go to school, 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 the responsibilities had been usual)

No interference with work or home responsibilities	0
Slight interference with work or home responsibilities, but I could do nearly everything I could do if I didn't have these problems	1
Significant interference with work or home responsibilities, but I still could manage to do the things I needed to do	2
Substantial impairment in work or home responsibilities; there were many important things I couldn't do because of these problems	3
Extreme, incapacitating impairment, such that I was essentially unable to manage any work or home responsibilities	4

7. During the past week, how much did panic and limited-symptoms attacks, worry about attacks, and fear of situations and activities because of attacks, **interfere with your social life?** (If you didn't have any opportunities to socialise this past week, answer how you think you would have done if you did have opportunities)

No interference	0
Slight interference with social activities, but I could do nearly everything I could do if I didn't have these problems	1
Significant interference with social activities, but I could manage to do more things if I made the effort	2
Substantial impairment in social activities; there are many social things I couldn't do because of these problems	3
Extreme, incapacitating, impairment, such that there was hardly anything social I could do	4

BODY SENSATIONS QUESTIONNAIRE – ADAPTED

Below is a list of specific body sensations that may occur when you are nervous or in a feared situation. **Please mark down how worried or afraid you are of these feelings.**

1. Heart beating fast or skipping a beat	Not at all	Slightly	Moderately	Very	Extremely
2. Pressure or a heavy feeling in my chest	Not at all	Slightly	Moderately	Very	Extremely
3. Numbness in my arms or legs	Not at all	Slightly	Moderately	Very	Extremely
4. Tingling in my fingertips	Not at all	Slightly	Moderately	Very	Extremely
5. Numbness in another part of my body	Not at all	Slightly	Moderately	Very	Extremely
6. Feeling short of breath	Not at all	Slightly	Moderately	Very	Extremely
7. Dizziness	Not at all	Slightly	Moderately	Very	Extremely
8. Blurred or distorted vision	Not at all	Slightly	Moderately	Very	Extremely
9. Feeling sick or nauseous	Not at all	Slightly	Moderately	Very	Extremely
10. Having 'butterflies' in my stomach	Not at all	Slightly	Moderately	Very	Extremely
11. Feeling a knot in my stomach	Not at all	Slightly	Moderately	Very	Extremely
12. Having a lump in my throat	Not at all	Slightly	Moderately	Very	Extremely
13. Wobbly or jelly legs	Not at all	Slightly	Moderately	Very	Extremely
14. Sweating	Not at all	Slightly	Moderately	Very	Extremely
15. A dry throat	Not at all	Slightly	Moderately	Very	Extremely
16. Feeling disoriented and confused	Not at all	Slightly	Moderately	Very	Extremely
17. Feeling disconnected from my body	Not at all	Slightly	Moderately	Very	Extremely
Other (please describe)					
	Not at all	Slightly	Moderately	Very	Extremely
	Not at all	Slightly	Moderately	Very	Extremely
	Not at all	Slightly	Moderately	Very	Extremely

AGORAPHOBIA COGNITIONS QUESTIONNAIRE - ADAPTED

This questionnaire has two parts. Below are some thoughts or ideas that may go through your mind when you are nervous or frightened.

- a. Indicate how often each thought occurs when you are nervous; rate each thought from 1-5 using the scale below; put your rating on the **LEFT** hand side of each item.
1. Thought never occurs
 2. Thought rarely occurs
 3. Thought occurs during half of the times when I am nervous
 4. Thought usually occurs
 5. Thought always occurs when I am nervous
- b. When you have the symptoms of panic, how much would you believe each of these thoughts to be true? Rate each thought by choosing a number from 0-100% (see the scale below), and put the number which applies on the line on the **RIGHT** hand side of the form.

0	10	20	30	40	50	60	70	80	90	100
I do not believe this thought at all										I am completely convinced this thought is true

**a. How often
do you have
this thought?
(Rate from 1-5)**

**b. How much do you
believe this thought?
(Rate from 0-100%)**

1)	___	I am going to be sick	___ %
2)	___	I am going to pass out	___ %
3)	___	I must have a brain tumour	___ %
4)	___	I will have a heart attack	___ %
5)	___	I will choke to death	___ %
6)	___	I will look silly	___ %
7)	___	I am going blind	___ %
8)	___	I will not be able to control myself	___ %
9)	___	I will lose control of my bladder or bowels	___ %
10)	___	I will hurt someone	___ %
11)	___	I am going to have a stroke	___ %
12)	___	I am going to go crazy	___ %
13)	___	I am going to scream	___ %
14)	___	I am going to babble or talk funny	___ %
15)	___	I will be paralysed with fear	___ %
16)	___	I am about to die	___ %
17)	___	I am seriously ill	___ %
18)	___	I am going to suffocate	___ %
Other ideas not listed (please describe and rate)			
		_____	___ %
		_____	___ %
		_____	___ %

PANIC SAFETY SEEKING BEHAVIOURS QUESTIONNAIRE - ADAPTED

When you are at your most anxious or panicky, how often do you do the following things:

1. Try to think about other things	Never	Sometimes	Often	Always
2. Hold on to or lean on to something	Never	Sometimes	Often	Always
3. Hold on or lean on to someone	Never	Sometimes	Often	Always
4. Sit down	Never	Sometimes	Often	Always
5. Keep still	Never	Sometimes	Often	Always
6. Move very slowly	Never	Sometimes	Often	Always
7. Look for an escape route	Never	Sometimes	Often	Always
8. Avoid doing physical exercise	Never	Sometimes	Often	Always
9. Focus on what is going on in my body	Never	Sometimes	Often	Always
10. Try to keep control of my mind	Never	Sometimes	Often	Always
11. Try to keep tight control over my behaviour	Never	Sometimes	Often	Always
12. Talk more	Never	Sometimes	Often	Always
13. Use tablets/liquids/scents to reduce my physical sensations	Never	Sometimes	Often	Always
14. Ask people around for help	Never	Sometimes	Often	Always
15. Change my breathing	Never	Sometimes	Often	Always
16. Carry or drink water	Never	Sometimes	Often	Always
Please list other things you do when anxious/panicky				
17.	Never	Sometimes	Often	Always
18.	Never	Sometimes	Often	Always
19.	Never	Sometimes	Often	Always

THE MOBILITY INVENTORY - ADAPTED

Please indicate the degree to which you avoid the following places or situations because of discomfort or anxiety. Rate your amount of avoidance when you are with someone you trust (e.g., parent or friend) and when you are alone. If situations do not apply to you please circle 'not applicable'.

1. Cinemas	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
2. Supermarkets	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
3. Classrooms	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
4. School	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
5. Shops	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
6. Restaurants	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
7. Museums	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
8. Lifts	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
9. Arenas/stadiums	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
10. Car parks	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
11. High places	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
12. Enclosed spaces (e.g. tunnels)	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
13. Open spaces outside (e.g. fields, wide streets)	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
14. Open spaces inside (e.g. large rooms, lobbies)	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
15. Going on buses	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
16. Going on trains	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
17. Going on underground/tubes	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable

18. Going on aeroplanes	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
19. Going on boats	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
20. Going in (or driving) a car at any time	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
21. Going in (or driving) a car on motorways	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
22. Standing in lines	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
23. Crossing bridges	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
24. Parties or social events	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
25. Walking along a street	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
26. Staying at home alone		Never	Rarely	Sometimes	Mostly	Always	Not applicable
27. Being far away from home	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
28. Doing P.E.	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
29. Going swimming	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
Other (specify)	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	a. Accompanied	Never	Rarely	Sometimes	Mostly	Always	Not applicable
	b. Alone	Never	Rarely	Sometimes	Mostly	Always	Not applicable

SCORING FOR CLINICAL PURPOSES

Measure	Range for each item	Number of items contributing to score	Scoring	Min-Max	Scores for better outcomes
Panic Disorder Severity Scale-Children	0-4	7	Sum of all items.	0-28	Lower
Body Sensations Questionnaire-adapted	1-5	17	Sum of all items	17-85	Lower
Agoraphobia Cognitions Questionnaire-adapted	1-5 0-100	18 (frequency) 18 (beliefs)	Frequency: mean of all frequency items Frequency: mean of all belief items	1-5 0-100	Lower
Panic Safety Seeking Behaviours-adapted	0-3	16	Sum of all items	0-48	Lower
Mobility Inventory-adapted	0-4	29 (alone) 28 (accompanied)	Alone: mean of all alone items Accompanied: mean of all accompanied items	0-4 0-4	Lower

Clinical cut-offs

As far as we are aware, there are no clinical cut-offs for any of the above measures in adolescents. The clinical cut-off for the PDSS in adults is ≥ 8 , where a score of 8 or more is considered a clinical case.

ADAPTATIONS

The following changes were made to the original versions of the questionnaires after public and patient involvement and engagement (PPIE).

Body Sensations Questionnaire – Adapted

Part of Scale	Adaptation
Instructions	'Please mark down how afraid you are of these feelings' changed to 'Please mark down how worried or afraid of these feelings'
Rating scale	'Use the following five point scale' taken out. Instead of circling a number between 1-5 for each item, the respondent circles the words: 'not at all', 'slightly', 'moderately', 'very' or 'extremely'. 'Somewhat' changed to 'slightly'.
Multiple items	'Your' changed to 'my' on all items
Item 1	'Heart palpitations' changed to 'heart beating fast or skipping a beat'
Item 9	'Nausea' changed to 'feeling sick or nauseous'
Item 13	'Wobbly or rubber legs' to 'wobbly or jelly legs'
Item 17	'Feeling disconnected from your body; only partly present' changed to 'feeling disconnected from my body'

Agoraphobia Cognitions Questionnaire – Adapted

Part of Scale	Adaptation
Item 1	'I am going to throw up' changed to 'I am going to be sick'
Item 6	'I am going to act foolish' changed to 'I will look silly'
	'Finally, please rate the item below in the way you have done for the individual thoughts above; remember that the harm might include one or more of the thoughts listed above' removed

Panic Safety Seeking Behaviours Questionnaire – Adapted

Part of Scale	Adaptation
Multiple items	'Your' changed to 'my' on all items
Item 8	'Make yourself do more physical exercise' changed to 'avoid doing physical exercise'
Item 9	'Focus on your body' changed to 'focus on what is going on in my body'
Item 13	'Take medication' changed to 'Use tablets/liquids/scents to reduce my physical sensations'
Item 16	'Carry or drink water' added

The Mobility Inventory – Adapted

Part of Scale	Adaptation
Instructions	'A trusted companion' changed to 'someone you trust (e.g., parent or friend)'
Instructions	'If situations do not apply to you please circle <i>not applicable</i> ' added
Rating scale	'Not applicable' added as an option for all items
Item 5	'Department stores' changed to 'Shops'
Item 9	'Auditoriums/stadiums' changed to 'Arenas/stadiums'
Item 24	'Parties or social gatherings' changed to 'Parties or social events'
Item 25	'Walking on the street' changed to 'Walking along a street'
Item 28	'Doing P.E.' added
Item 29	'Going swimming' added

REFERENCES

Panic Disorder Severity Scale for Children

Original PDSS:

Shear, M. K., Brown, T. A., Barlow, D. H., Money, R., Sholomskas, D. E., Woods, S. W., Gorman, J. M. & Papp, L. A. (1997). Multicenter collaborative panic disorder severity scale. *American Journal of Psychiatry*, 154(11), 1571-1575.

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Agoraphobia Cognitions Questionnaire (original version)

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Panic Safety Seeking Behaviours Questionnaire (original version)

Clark, D. M., & Salkovskis, P. M. (2009). *Panic Disorder*. Retrieved from https://oxcadatresources.com/wp-content/uploads/2018/06/Cognitive-Therapy-for-Panic-Disorder_IAPT-Manual.pdf

The Mobility Inventory (original version)

Chambless, D. L., Caputo, G. C., Jasin, S. E., Gracely, E. J., & Williams, C. (1985). The Mobility Inventory for agoraphobia. *Behaviour Research and Therapy*, 23(1), 35-44.