



PHQ-Panic

Source: The items come from the Panic items of the PHQ

Reference: Spitzer, R., Kroenke, K., & Williams, J. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ Primary Care Study. *Journal of the American Medical Association*, 282, 1737-1744.

Scale Description: The PHQ Panic is a subset of the full PHQ. It has been shown to identify panic disorder better than other anxiety disorders.

Scoring and Algorithm

Note: For each assessment, there is a scoring algorithm leading to one of three acuity ranges: Low, Moderate, or High.

Scoring and Algorithm

Each item is scored Yes or No. The first question is a screen-out question followed by 14 Yes/No questions.

Algorithm

Low Panic Symptoms = The first question is answered ‘No’ *or* the criteria for Moderate or High are not met.

Moderate Panic Symptoms = The first question is answered “Yes” *and* any other of the first four questions is answered “Yes” *and* three of the subsequent questions (a-k) are answered “Yes.”

High Panic Symptoms = All of the first four questions are answered “Yes” *and* four or more of the subsequent questions (a-k) are answered “Yes.”



PHQ Panic

In the last 4 weeks, have you had an anxiety attack - suddenly feeling fear or panic? **Yes No**

[If "a." above is checked "No" do not present subsequent PHQ Panic Question. If "Yes" continue with Questions]

b. Has this ever happened before? **Yes No**

c. Do some of these attacks come suddenly out of the blue; that is, in situations where you don't expect to be nervous or uncomfortable? **Yes No**

d. Do these attacks bother you a lot or are you worried about having another attack? **Yes No**

Think about your last bad anxiety attack **Yes No**

a. Were you short of breath? **Yes No**

b. Did your heart race, pound, or skip? **Yes No**

c. Did you have chest pain or pressure? **Yes No**

d. Did you sweat? **Yes No**

e. Did you feel as if you were choking? **Yes No**

f. Did you have hot flashes or chills? **Yes No**

g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea? **Yes No**

h. Did you feel dizzy, unsteady, or faint? **Yes No**

i. Did you have tingling or numbness in parts of your body? **Yes No**

j. Did you tremble or shake? **Yes No**

k. Were you afraid you were dying? **Yes No**

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