Oxford CBT Panic Disorder Severity Scale (PDSS)



Patient Name

Today's Date

Instructions:

Several of the following questions refer to panic attacks and limited symptom attacks. For this questionnaire we define a panic attack as a sudden rush of fear or discomfort accompanied by at least 4 of the symptoms listed below. In order to qualify as a sudden rush, the symptoms must peak within 10 minutes. Episodes like panic attacks but having fewer than 4 of the listed symptoms are called limited symptom attacks.

Here are the symptoms to count:

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

1	How many panic and limited symptoms attacks did you have during the week?	
	0 No panic or limited symptom episodes	
	1 Mild: no full panic attacks and no more than 1 limited symptom attack/day	
	2 Moderate: 1 or 2 full panic attacks and/or multiple limited symptom attacks/day	
	3 Severe: more than 2 full attacks but not more than 1/day on average	
	4 Extreme: full panic attacks occurred more than once a day, more days than not	
	If you had any panic attacks during the past week, how distressing (uncomfortable,	
2	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 symptom attacks, answer for the limited symptom attacks.)	
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2	 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 symptom attacks, answer for the limited symptom attacks.) 0 Not at all distressing, or no panic or limited symptom attacks during the past week 1 Mildly distressing (not too intense) 2 Moderately distressing (intense, but still manageable) 	

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

0 Not at all

1 Occasionally or only mildly

- 2 Frequently or moderately
- 3 Very often or to a very disturbing degree
- 4 Nearly constantly and to a disabling extent

During the past week were there any places or situations (e.g., public transportation, movie theaters, 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 theweek, for the same reason? If yes to either question, please rate your level of fear and avoidance this past week.

0 None: no fear or avoidance

1 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

2 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

3 Severe: extensive avoidance. Substantial modification of my lifestyle was required to accommodate the avoidance making it difficult to manage usual activities

4 Extreme: pervasive disabling fear and/or avoidance. Extensive modification in my lifestyle was required such that important tasks were not performed

During the past week, were there any activities (e.g., physical exertion, sexual relations, 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 caused 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 up 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.

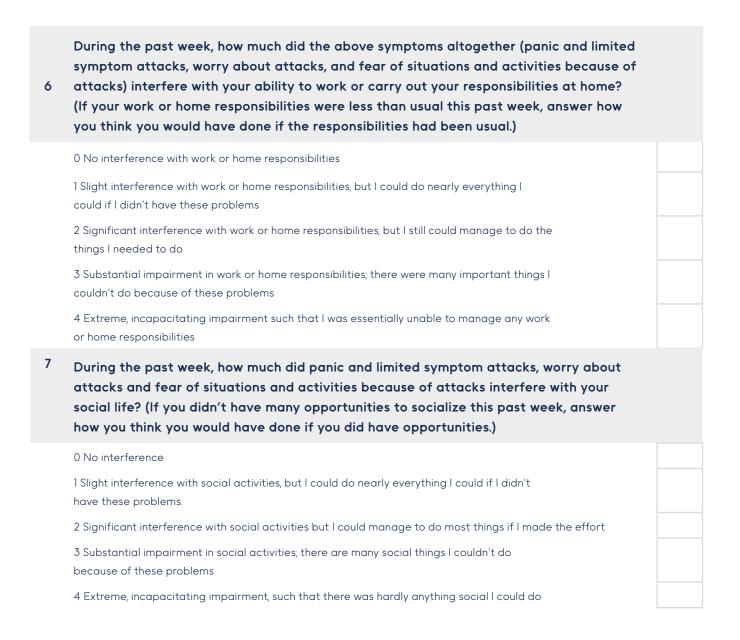
0 No fear or avoidance of situations or activities because of distressing physical sensations

1 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

2 Moderate: noticeable avoidance but still manageable. There was definite, but limited, modification of my lifestyle such that my overall functioning was not impaired

3 Severe: extensive avoidance. There was substantial modification of my lifestyle or interference in my functioning

4 Extreme: pervasive and disabling avoidance. There was extensive modification in my lifestyle due to this such that important tasks or activities were not performed



Developer Reference:

Shear, M.K., Brown, T.A., Barlow, D.H., Money, R., Sholomskas, D.E., Woods, S.W., Gorman, J.M., Papp, LA. (1997). Multicenter collaborative Panic Disorder Severity Scale. American Journal of Psychiatry, 154, 1571-1575.