YOUR ANSWERS. YOUR PERSPECTIVE.

Panic

Personal everyday reflection

A wholly fictional example. The values illustrate a report and say nothing about you.

ANSWERED: 20 / 20 | 4 PROFILE AREAS

1

Sudden moments of fear

You describe sudden intense fear interrupting daily life or lingering afterwards. These answers capture your experience; they do not establish a particular type of fear episode.

2

Attention to the body

You describe repeated monitoring of your body and concern about sensations. This shows how much attention they occupy; new physical symptoms cannot therefore be dismissed as merely anxiety. Some responses differ substantially from this direction.

3

Individual responses matter

Attention to the body: Scored responses range from 2 to 5/5 (items 9 & 10).

Your first small step

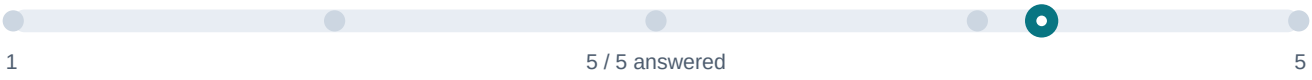
Record a bodily observation separately from the question you have about it. Unexplained symptoms belong in a medical conversation.

02 / YOUR REPORT

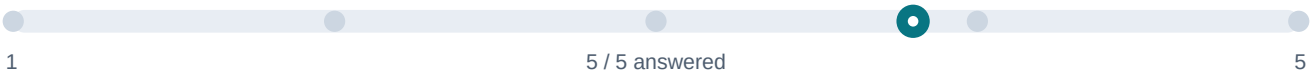
Your profile at a glance

Each dot shows an area response average on a scale of 1 to 5. Only your own responses are compared.

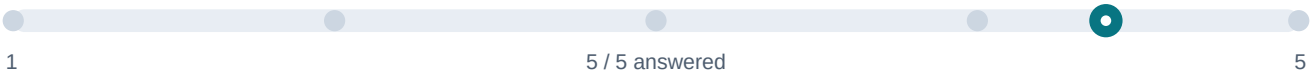
Sudden moments of fear — **4.2 / 5**



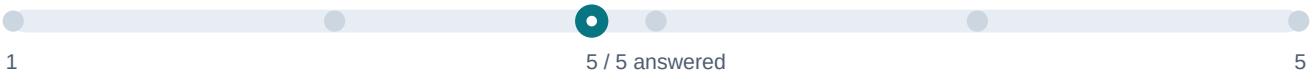
Attention to the body — **3.8 / 5**



Anticipation and planning — **4.4 / 5**



Returning to everyday life — **2.8 / 5**



How to read the chart

1 = low, 3 = midpoint, 5 = high agreement in the scored direction. Higher is not automatically better. The midpoint is not the average of other people; small differences are not necessarily meaningful.

No area value is shown if fewer than 80% of its items are answered. This is a display rule for incomplete data, not a performance or health threshold.

03 / YOUR REPORT

Connecting your responses

Observations from your responses, not fixed characteristics.

You see separately how you describe sudden fear, body monitoring, anticipatory pressure and after-effects. These questions can neither identify nor exclude physical causes or panic disorder.

Your result in words

Sudden moments of fear: You describe sudden intense fear interrupting daily life or lingering afterwards. These answers capture your experience; they do not establish a particular type of fear episode.

Attention to the body: You describe repeated monitoring of your body and concern about sensations. This shows how much attention they occupy; new physical symptoms cannot therefore be dismissed as merely anxiety.

Attention to the body: take a closer look

The average combines different responses. These two items show why one number alone does not capture your whole perspective:

Item 9: After a sensation had eased, I kept checking whether it was returning. | Mostly untrue

Item 10: After a temporary bodily sensation that had been medically assessed, I could usually return my attention to what I was doing. | Not at all true

Consider a possible everyday situation

Record a bodily observation separately from the question you have about it. Unexplained symptoms belong in a medical conversation.

04 / YOUR REPORT

Sudden moments of fear

Trace your responses and connect them with everyday situations.

This area concerns how you experience the onset and course of intense moments of fear. It does not count medically established panic attacks.

Your response value **4.2 / 5**



What this means in practice

You describe sudden intense fear interrupting daily life or lingering afterwards. These answers capture your experience; they do not establish a particular type of fear episode.

Scale direction: less reported overwhelm / more reported overwhelm.

Two concrete responses

Item 3: The intensity of a sudden feeling of fear surprised me.

Your response: Partly true

Item 5: A brief moment of fear stayed on my mind long after it had eased.

Your response: Very true

A prompt for further reflection

If you wish, briefly note when such a moment occurred and what you needed afterwards. You do not need to describe it in detail or relive it.

When does this fit me - and when does it not?

05 / YOUR REPORT

Attention to the body

Trace your responses and connect them with everyday situations.

These statements describe how much attention bodily sensations take up in connection with fear. They do not determine whether a sensation is harmless.

Your response value **3.8 / 5**



What this means in practice

You describe repeated monitoring of your body and concern about sensations. This shows how much attention they occupy; new physical symptoms cannot therefore be dismissed as merely anxiety.

Your individual responses differ substantially. The interpretation describes their average direction only; it does not apply to every statement. The following responses show both sides.

Scale direction: less reported preoccupation / more reported preoccupation.

Two concrete responses

Item 9: After a sensation had eased, I kept checking whether it was returning.

Your response: Mostly untrue

Item 10: After a temporary bodily sensation that had been medically assessed, I could usually return my attention to what I was doing.

Your response: Not at all true (reverse-scored in the calculation)

A prompt for further reflection

Record a bodily observation separately from the question you have about it. Unexplained symptoms belong in a medical conversation.

06 / YOUR REPORT

Anticipation and planning

Trace your responses and connect them with everyday situations.

This area concerns how much space worry about another moment of fear takes up in decisions. Caution or planning is not in itself a disorder.

Your response value **4.4 / 5**



1 5 / 5 answered 5

What this means in practice

You describe anticipating further fear before activities and adjusting plans accordingly. The expectation of a frightening moment therefore already influences the time beforehand.

Scale direction: less reported anticipatory pressure / more reported anticipatory pressure.

Two concrete responses

Item 15: I repeatedly sought reassurance before taking part in a planned activity.

Your response: Partly true

Item 14: I could usually shape plans around my interests without anticipated fear determining them.

Your response: Not at all true (reverse-scored in the calculation)

A prompt for further reflection

Note one decision influenced by the expectation of fear. Describe only its influence; you do not need to put yourself in a feared situation.

When does this fit me - and when does it not?

07 / YOUR REPORT

Returning to everyday life

Trace your responses and connect them with everyday situations.

This area describes the attention and recovery you need after distressing moments of fear. An average does not measure work capacity or the need for treatment.

Your response value **2.8 / 5**



What this means in practice

Your answers fall between “less reported lingering impact” and “more reported lingering impact”. This can reflect differing experiences or tentative agreement. The particular statements you endorse or reject are more informative here than the average alone.

Scale direction: less reported lingering impact / more reported lingering impact.

Two concrete responses

Item 16: After an intense moment of fear, an ordinary task remained unfinished longer than planned.

Your response: Mostly untrue

Item 18: I found it difficult to explain to others why I needed a break.

Your response: Mostly true

A prompt for further reflection

What form of support would make daily life easier? You can note one specific wish for a conversation with someone you trust or a qualified professional.

When does this fit me - and when does it not?

08 / YOUR REPORT

Your values clearly explained

Sudden moments of fear

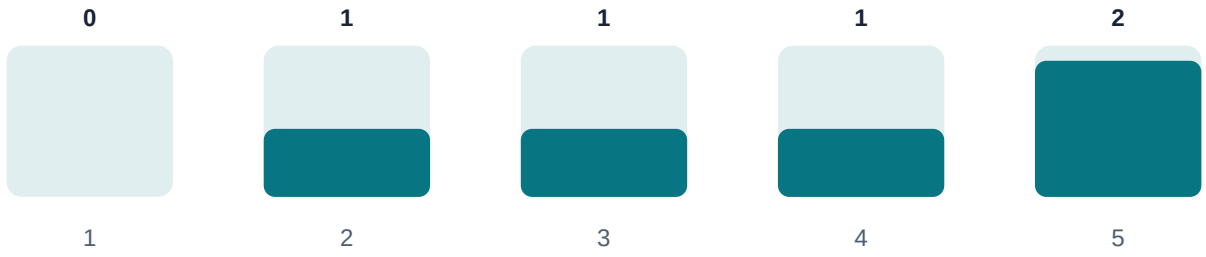
Response positions are counted from 1 to 5. The sum is divided by the number of answered statements in this area.

For reverse-scored statements, 1 becomes 5, 2 becomes 4 and vice versa; 3 stays 3. This aligns values with the stated scale direction. Your selected response remains unchanged in the appendix.

Calculated from your actual responses

4 + 5 + 3 + 4 + 5 = 21. 21 / 5 = 4.2 / 5.

The distribution of your selected responses



The columns count your selected response positions 1 to 5 before any reverse scoring. The same average can come from very different responses.

For the wording, response averages below 2.5 are described as lower agreement, above 3.5 as higher agreement, and those between as middle agreement. These are editorial response-scale bands, not scientifically validated cutoffs. Identical averages can arise from different responses.

A profile without a ranking

We assign no population rank or fixed type. The scales describe responses to particular statements. Choose your own priorities; a high or low value does not require change.

09 / YOUR REPORT

Your own next step

An optional everyday idea, without a performance target.

1

Today: note one situation

Starting point: Attention to the body. Choose a response in this area and note when it last fitted. A counterexample is just as useful.

2

This week: explore a perspective

Record a bodily observation separately from the question you have about it. Unexplained symptoms belong in a medical conversation.

3

Afterwards: decide for yourself

What fits you and what does not? Record one insight and decide whether to keep anything. You do not need a higher score or another purchase.

My situation and what matters to me:

My optional idea and a suitable time:

What I would like to take from this:

10 / YOUR REPORT

Method and limitations

What the report is based on

These original statements have not been clinically validated. Response averages describe only your agreement across four topics. They do not identify panic disorder or estimate severity or the likelihood of an illness. Individual moments of fear can have different causes. New, severe or unexplained physical symptoms need medical assessment independently of this questionnaire; it cannot rule out an acute physical cause.

Your responses are summarised according to the fixed rules explained here. Examples refer to the item numbers shown. No automated detection or assessment of a medical condition takes place.

Keeping the limitations in mind

Screening and self-reflection do not replace a medical or psychological assessment. Original reflection questions are not clinically validated. Each test page explains its method and limitations.

A profile does not cover every aspect of a person. It is a snapshot of your responses. Important relationship, career or other life decisions should not depend on it alone.

If you would like support

If symptoms are affecting you, seek support from a qualified health professional. In immediate danger, contact your local emergency services or nearest emergency department. Help information is available without an email address or payment.

Open general support information

Questionnaire version: 2026-10-29.27 | Report format: 2026-10-29.28

APPENDIX / YOUR REPORT

Your responses in full

Every scored response remains traceable. Skipped items are explicitly identified.

1	**A strong wave of fear unexpectedly interrupted my day.**	Sudden moments of fear | Mostly true
2	**During a moment of fear, I found it difficult to follow what was happening around me.**	Sudden moments of fear | Very true
3	**The intensity of a sudden feeling of fear surprised me.**	Sudden moments of fear | Partly true
4	**Even during a moment of fear, I could usually say what I needed at that time.**	Sudden moments of fear | Mostly untrue | reverse-scored
5	**A brief moment of fear stayed on my mind long after it had eased.**	Sudden moments of fear | Very true
6	**When nervous, I repeatedly monitored my body for changes.**	Attention to the body | Partly true
7	**An unfamiliar bodily sensation quickly took up all my attention.**	Attention to the body | Very true
8	**I found it difficult to separate a bodily observation from my worry about it.**	Attention to the body | Mostly true
9	**After a sensation had eased, I kept checking whether it was returning.**	Attention to the body | Mostly untrue
10	**After a temporary bodily sensation that had been medically assessed, I could usually return my attention to what I was doing.**	Attention to the body | Not at all true | reverse-scored
11	**Before an activity, I thought about whether intense fear might occur there.**	Anticipation and planning | Very true
12	**I changed a plan because I feared another intense moment of anxiety.**	Anticipation and planning | Mostly true
13	**Even before routine journeys, I was preoccupied with how I would reach support if needed.**	Anticipation and planning | Very true

Your responses in full / CONTINUED

14 **I could usually shape plans around my interests without anticipated fear determining them.**
Anticipation and planning | Not at all true | reverse-scored

15 **I repeatedly sought reassurance before taking part in a planned activity.**
Anticipation and planning | Partly true

16 **After an intense moment of fear, an ordinary task remained unfinished longer than planned.**
Returning to everyday life | Mostly untrue

17 **After these moments, I needed more rest than my daily circumstances allowed.**
Returning to everyday life | Partly true

18 **I found it difficult to explain to others why I needed a break.**
Returning to everyday life | Mostly true

19 **After a moment of fear had passed, I could usually return to my usual routine.**
Returning to everyday life | Partly true | reverse-scored

20 **Thoughts about these moments made it harder to engage in enjoyable activities.**
Returning to everyday life | Mostly untrue