

	<i>Yes</i>	<i>No</i>
1. Are you experiencing full-blown panic attacks?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have your panic symptoms continued for several weeks?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have your symptoms returned at the same intensity as when they first occurred?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the symptoms increasingly interfering with your usual daily routine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the frequency of these symptoms increased to the same level as when you first started experiencing panic attacks?	<input type="checkbox"/>	<input type="checkbox"/>

Figure 13. Checklist for relapse