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HAMILTION ANXIETY SCALE

Patient Name: _____ DOB: _____

Number of treatments received: _____ Appointment Date: _____

Please rate your level of anxiety based on the clinical questions below:

1. Anxious mood: Worries, anticipation of the worst, fearful anticipation, irritability.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

2. Tension: Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

3. Fears: Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

4. Insomnia: Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

5. Intellectual: Difficulty in concentration, poor memory.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

6. Depressed mood: Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

7. Somatic (muscular): Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

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8. Somatic (sensory): Tinnitus, blurring of vision, hot and cold flashes, feelings of weakness, pricking sensation.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

9. Cardiovascular symptoms: Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

10. Respiratory symptoms: Pressure or constriction in chest, choking feelings, sighing, dyspnea.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

11. Gastrointestinal symptoms: Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

12. Genitourinary symptoms: Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

13. Autonomic symptoms: Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

14. Behavior at interview: Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.

Not Present 0 Mild+1 Moderate+2 Severe+3 Very Severe+4

Total score: _____