

HAMILTON ANXIETY SCALE (HAM-A)

Patient Name Soyoung Park

Today's Date 4/26/18

The Hamilton Anxiety Scale (HAM-A) is a rating scale developed to quantify the severity of anxiety symptomatology, often used in psychotropic drug evaluation. It consists of 14 items, each defined by a series of symptoms. Each item is rated on a 5-point scale, ranging from 0 (not present) to 4 (severe).

0 = Not present to 4 = Severe

Score

2

1. ANXIOUS MOOD

- Worries
- Anticipates worst

3

2. TENSION

- Startles
- Cries easily
- Restless
- Trembling

1

3. FEARS

- Fear of the dark
- Fear of strangers
- Fear of being alone
- Fear of animal

2

4. INSOMNIA

- Difficulty falling asleep or staying asleep
- Difficulty with Nightmares

1

5. INTELLECTUAL

- Poor concentration
- Memory Impairment

1

6. DEPRESSED MOOD

- Decreased interest in activities
- Anhedoni
- Insomnia

1

7. SOMATIC COMPLAINTS: MUSCULAR

- Muscle aches or pains
- Bruxism

0

8. SOMATIC COMPLAINTS: SENSORY

- Tinnitus
- Blurred vision

0

9. CARDIOVASCULAR SYMPTOMS

- Tachycardia
- Palpitations
- Chest Pain
- Sensation of feeling faint

1

10. RESPIRATORY SYMPTOMS

- Chest pressure
- Choking sensation
- Shortness of Breath

1

11. GASTROINTESTINAL SYMPTOMS

- Dysphagia
- Nausea or Vomiting
- Constipation
- Weight loss
- Abdominal fullness

0

12. GENITOURINARY SYMPTOMS

- Urinary frequency or urgency
- Dysmenorrhea
- Impotence

1

13. AUTONOMIC SYMPTOMS

- Dry Mouth
- Flushing
- Pallor
- Sweating

0

14. BEHAVIOR AT INTERVIEW

- Fidgets
- Tremor
- Paces

15

mild anxiety

Name Soyoung ParkDate 4/26/18

Mood Questionnaire

The questions you are about to answer will help your doctor provide a proper diagnosis.
Please discuss the results of this questionnaire with your doctor.

Instructions for patients: Please check ONE BOX ONLY for each of the questions below.
The following three questions will ask you about a history of mania.*

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1. Has there ever been a period of time when you were not your usual self and... | | |
| ...you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble? | ☒ | ☐ |
| ...you were so irritable that you shouted at people or started fights or arguments? | ☐ | ☒ |
| ...you felt much more self-confident than usual? | ☐ | ☒ |
| ...you got much less sleep than usual and found you didn't really miss it? | ☒ | ☐ |
| ...you were much more talkative and/or spoke much faster than usual? | ☒ | ☐ |
| ...thoughts raced through your head and/or you couldn't slow your mind down? | ☒ | ☐ |
| ...you were so easily distracted by things around you that you had trouble concentrating or staying on track? | ☒ | ☐ |
| ...you had much more energy than usual? | ☐ | ☒ |
| ...you were much more active and/or did many more things than usual? | ☒ | ☐ |
| ...you were much more social or outgoing than usual—for example, you telephoned friends in the middle of the night? | ☒ | ☐ |
| ...you were much more interested in sex than usual? | ☐ | ☒ |
| ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? | ☐ | ☒ |
| ...spending money got you or your family into trouble? | ☐ | ☒ |

7

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 2. If you checked YES to more than one of the above, have you experienced several of these during the same period of time? | ☐ | ☒ |
| 3. How much of a problem did any of these situations cause you (like being unable to work; having family, money, or legal problems; and/or getting into serious arguments or fights)? | | |
| ☐ No problem ☐ Minor problem ☐ Moderate problem ☒ Serious problem | | |

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Two questions about yourself

These questions will ask you about current feelings of depression.

- | | YES | NO |
|--|-------------------------------------|--------------------------|
| 1. During the past month, have you often been bothered by feeling down, depressed, or hopeless? | ☒ | ☐ |
| 2. During the past month, have you often been bothered by little interest or pleasure in doing things? | ☒ | ☐ |

negative mood screen

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: Soyoung Park

DATE: 4/26/18

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	✓	2	3
2. Feeling down, depressed, or hopeless	0	1	2	✓3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	✓3
4. Feeling tired or having little energy	0	1	✓2	3
5. Poor appetite or overeating	0	1	✓2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	✓2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	✓0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	✓	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	✓	2	3

add columns

3 + 6 + 6

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

TOTAL:

15

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

0

Moderately Severe