Name_____ Date_____

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

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	1	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	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

***FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

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**
☐	☐	☐	☐

Hamilton Anxiety Rating Scale (HAM-A)

Name_____ Date_____

Introduction

The Hamilton Anxiety Rating Scale (HAM-A) is a widely used clinical tool designed to quantify the severity of anxiety symptoms. Developed by Dr. Max Hamilton in 1959, it is one of the earliest scales of its kind, intended for use with adults particularly in a clinical setting. The HAM-A consists of 14 items, each aimed at assessing a different aspect of anxiety as experienced by the individual. These items are rated on a scale, with the total score providing an overall measure of the person's anxiety level. This test has been important in both the diagnosis and the monitoring of anxiety disorders, facilitating a structured approach to understanding the nuances of an individual's mental health condition.

The scale's design reflects a comprehensive approach to assessing anxiety, covering both psychological and somatic symptoms. This includes aspects such as mood, fears, tension, insomnia, intellectual (cognitive) symptoms, and somatic complaints, among others. The scoring system ranges from "not present" to "severe", allowing clinicians to gauge the intensity of each symptom. The HAM-A's broad coverage of symptoms makes it a useful instrument, suitable for tracking changes over time and evaluating the effectiveness of treatment interventions. Despite its age, the HAM-A continues to be validated against more contemporary measures of anxiety, affirming its relevance and utility in today's clinical environments.

The Hamilton Anxiety Rating Scale remains a foundational tool in the field of psychiatry and psychology, widely used for its intended purpose of assessing anxiety levels in adult individuals. Its enduring presence in clinical settings underscores the ongoing importance of standardized measures in the diagnosis and treatment of mental health disorders.

Instructions

Below is a list of phrases that describe certain feeling that people have. Find the answer which best describes the extent to which you experience these conditions. Select one of the five responses for each of the questions except question number fourteen. The provider will fill that out at your first visit.

	Not Present	Mild	Moderate	Severe	Very Severe
1. **Anxious Mood** Worries, anticipation of the worst, fearful anticipation, irritability.	○	○	○	○	○
2. **Tension** Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.	○	○	○	○	○
3. **Fears** Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.	○	○	○	○	○

	Not Present	Mild	Moderate	Severe	Very Severe
4. **Insomnia** Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.	○	○	○	○	○
5. **Intellectual** Difficulty in concentration, poor memory.	○	○	○	○	○
6. **Depressed Mood** Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.	○	○	○	○	○
7. **Somatic (muscular)** Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.	○	○	○	○	○
8. **Somatic (sensory)** Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.	○	○	○	○	○
9. **Cardiovascular Symptoms** Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.	○	○	○	○	○
10. **Respiratory Symptoms** Pressure or constriction in chest, choking feelings, sighing, dyspnea.	○	○	○	○	○
11. **Gastrointestinal Symptoms** Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.	○	○	○	○	○
12. **Genitourinary Symptoms** Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of rigidity, premature ejaculation, loss of libido, impotence.	○	○	○	○	○
13. **Autonomic Symptoms** Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.	○	○	○	○	○
14. **Behavior at Interview** (PROVIDER WILL FILL OUT THIS QUESTION) Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.	○	○	○	○	○

Test will be scored by provider.

Sources

1. M Hamilton. *The Assessment of Anxiety States by Rating*. 32 Br J Med Psychol 50-55. 1959.
2. W Maier, R Buller, M Philipp, & I Heuser. *The Hamilton Anxiety Scale: Reliability, Validity and Sensitivity to Change in Anxiety and Depressive Disorders*. 14(1) J Affect Disord 61-68. 1988.

Adverse Childhood Experience (ACE) Questionnaire

Name: _____ Date: _____

This Questionnaire will be asking you some questions about events that happened during your childhood; specifically the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today. This can be very helpful in the success of your treatment.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household <u>often</u>:

   Swear at you, insult you, put you down, or humiliate you?

   Or

   Act in a way that made you afraid that you might be physically hurt?

   ☐ Yes ☐ No If Yes, enter 1 _____

2. Did a parent or other adult in the household <u>often</u>:

   Push, grab, slap, or throw something at you?

   Or

   Ever hit you so hard that you had marks or were injured?

   ☐ Yes ☐ No If Yes, enter 1 _____

3. Did an adult or person at least 5 years older than you <u>ever</u>:

   Touch or fondle you or have you touch their body in a sexual way?

   Or

   Attempt or actually have oral, anal, or vaginal intercourse with you?

   ☐ Yes ☐ No If Yes, enter 1 _____

4. Did you <u>often</u> feel that:

   No one in your family loved you or thought you were important or special?

   Or

Adverse Childhood Experience (ACE) Questionnaire

Your family didn't look out for each other, feel close to each other, or support each other?

☐ Yes ☐ No If Yes, enter 1 _____

5. Did you often feel that:

   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

   Or

   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

   ☐ Yes ☐ No If Yes, enter 1 _____

6. Were your parents ever separated or divorced?

   ☐ Yes ☐ No If Yes, enter 1 _____

7. Were any of your parents or other adult caregivers:

   Often pushed, grabbed, slapped, or had something thrown at them?

   Or

   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

   Or

   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

   ☐ Yes ☐ No If Yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

   ☐ Yes ☐ No If Yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

   ☐ Yes ☐ No If Yes, enter 1 _____

10. Did a household member go to prison?

    ☐ Yes ☐ No If Yes, enter 1 _____

ACE SCORE (Total "Yes" Answers): _____