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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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Patient Name: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

**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:** \_\_\_\_\_