

Patient Name: _____ DOB: _____ Date: _____

Hamilton Survey for Emotional and Physical Wellness

Instructions: Think over the past two weeks and rate yourself on a scale of (0-4) for each question as you identify with the phrases, symptoms and feelings. 0= NONE, 1= MILD, 2= MODERATE, 3= SEVERE, 4= EXTREME.

_____ 1. **Depressed Mood:**

I find myself feeling very sad; helpless and hopeless because of past or present circumstances or for no reason at all. I feel a sense of hopelessness that things will not get better. I find myself crying more frequently and am not able to "hold it together". I often feel worthless.

_____ 2. **Guilty Feelings:**

I sometimes feel like I should be punished. I really do not like myself right now and maybe I deserve some of the things that are happening to me. Even though I can't think of anything specific, I feel guilty much of the time.

_____ 3. **Work and interest:**

My job and family are no longer enjoyable. I often find myself not caring about my job or home responsibilities. I rarely do any of the hobbies that I used to enjoy. My friends invite me to do things but I often find reasons to say no. The things that I use to enjoy don't seem to lift my spirits. People at work are noticing that the quality of my work has deteriorated. My family members are beginning to complain that I don't do the usual things around the house that I did in the past.

_____ 4. **Sluggishness:**

I often times feel almost paralyzed in my ability to process my thoughts and feelings. I am not able to find the will power to do the things I need to do. I just can't think as quickly as I used to.

_____ 5. **Anxiety (Psychological):**

I often feel tense and unable to relax. I find myself irritable with family or coworkers. I am easily startled. Even though I try not to, I often worry over trivial matters. Often, I am fearful for no reason. I have a sense that things are going to get worse and I will be unable to do anything to change it. I feel out of control and that I could have a panic attack.

_____ 6. **Anxiety (Physical):**

I often times have "butterflies" in my stomach. Many times my stomach will cramp or I will have indigestion. Recently I have noted more belching or diarrhea. My heart has begun to beat much faster than it used to. I oftentimes find myself feeling like I can't get a breath of air. Sometimes I have noted tingling in my finger tips or around my mouth. I am sweating more than I used to or feel flushed. I have noticed that my hands have begun to shake slightly. I have recently started having headaches for no reason. I find that I have to go to the bathroom and urinate more frequently, often with smaller amounts.

_____ 7. **Unexplained Pains:**

I have pain in my muscles and around my joints and along my spine. Doctors have not given me a clear reason for the pains because they consider the symptoms too vague. I wonder if I could have "fibromyalgia." I often have headaches and low back pains.

_____ 8. **Suicide:**

I often find myself thinking about death and sometimes wishing that I didn't have to live like this anymore. My life seems empty and not worth the effort it is taking. I find myself wanting to avoid other people and be alone. I told at least one other person that it would be better if I were dead. Sometimes I find myself wanting to cut myself or think about taking a lot of pills.

_____ 9. **Initial Insomnia:**

I have difficulty falling asleep.

_____ 10. **Middle Insomnia:**

I have difficulty sleeping all night long without interruption. I wake up for no reason several times at night. I sometimes get back to sleep and sometimes not.

_____ 11. **Delayed Insomnia:**

I find myself waking up for no reason 2-3 hours before I want to, for no reason, and cannot get back to sleep.

_____ 12. **Agitation:**

I find myself fidgeting and feeling very restless. Often I will pace back and forth or sometimes clench my fist. Sometimes I will tap my feet or hands for no reasons or bite my lips. I often find myself wringing my hands. Sometimes I will pull at my hair or pick at my fingernails or clothes.

_____ 13. **Change in Appetite:**

I am finding myself eating more, even if I am not hungry. I am having more cravings than ever for certain foods like chocolate. I sometimes binge on junk food or have snacks between meals or food no longer seems appealing to me. I just don't feel like eating as much as I used to. My friends have expressed concern about my eating habits.

_____ 14. **Change in Weight:**

I am now losing weight even though I am not trying to lose weight or I have gained weight recently, even though I am not eating enough to explain the increase.

_____ 15. **Fatigue:**

I feel exhausted almost all the time. I no longer have the kind of energy to function like I use to and often feel like my arms or legs are heavy. I have wondered if I have "chronic fatigue syndrome".

_____ 16. **Sexual:**

I have lost my desire for sexual intimacy that I used to have. I am finding it more work than it is worth to be involved in sex. It is more difficult for me to achieve an orgasm.

_____ 17. **Fear:**

I am afraid that I might have cancer or something really bad affecting my health. I think a lot about all kinds of symptoms which, I have never had, and it upsets me.

_____ **Total Score**