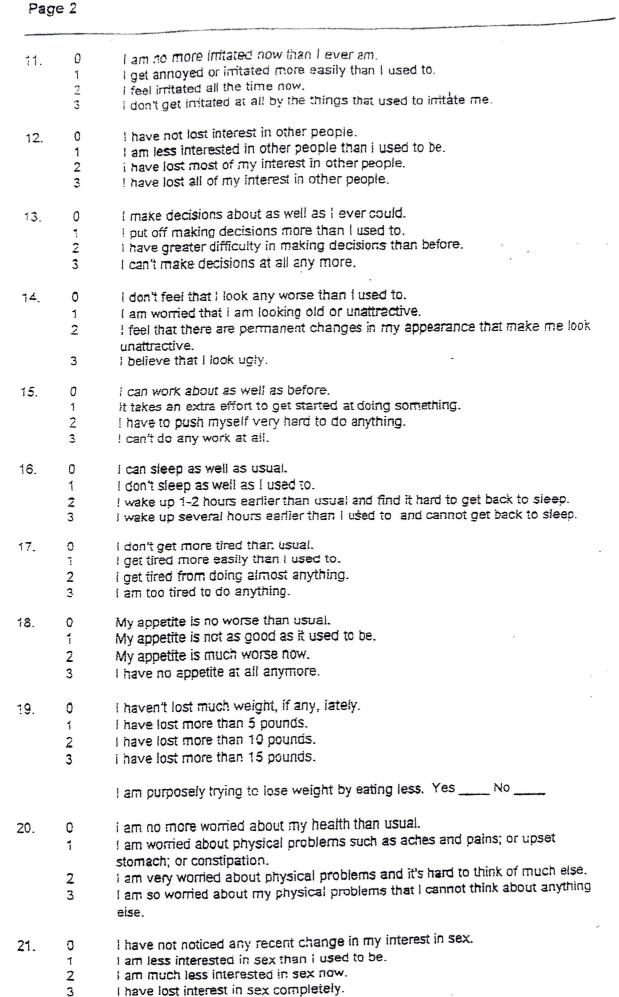# Screening Tools

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY! Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

1. 0 I do not feel sad.
   1 I feel sad.
   2 I am sad all the time and I can't snap out of it.
   3 I am so sad or unhappy that I can't stand it.

2. 0 I am not particularly discouraged about the future.
   1 I feel discouraged about the future.
   2 I feel I have nothing to look forward to.
   3 I feel that the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
   1 I feel I have failed more than the average person.
   2 As I look back on my life, all I can see is a lot of failures.
   3 I feel I am a complete failure as a person.

4. 0 I get as much satisfaction out of things as I used to.
   1 I don't enjoy things the way I used to.
   2 I don't get real satisfaction out of anything anymore.
   3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.
   1 I feel guilty a good part of the time.
   2 I feel quite guilty most of the time.
   3 I feel guilty all of the time.

6. 0 I don't feel I am being punished.
   1 I feel I may be punished.
   2 I expect to be punished.
   3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.
   1 I am disappointed in myself.
   2 I am disgusted with myself.
   3 I hate myself.

8. 0 I don't feel I am any worse than anybody else.
   1 I am critical of myself for my weaknesses or mistakes.
   2 I blame myself all the time for my faults.
   3 I blame myself for everything bad that happens.

9. 0 I don't have any thoughts of killing myself.
   1 I have thoughts of killing myself, but I would not carry them out.
   2 I would like to kill myself.
   3 I would kill myself if I had the chance.

10. 0 I don't cry any more than usual.
    1 I cry more now than I used to.
    2 I cry all the time now.
    3 I used to be able to cry, but now I can't cry even though I want to.

11.   0   I am no more irritated now than I ever am.
        1   I get annoyed or irritated more easily than I used to.
        2   I feel irritated all the time now.
        3   I don't get irritated at all by the things that used to irritate me.

12.   0   I have not lost interest in other people.
        1   I am less interested in other people than I used to be.
        2   I have lost most of my interest in other people.
        3   I have lost all of my interest in other people.

13.   0   I make decisions about as well as I ever could.
        1   I put off making decisions more than I used to.
        2   I have greater difficulty in making decisions than before.
        3   I can't make decisions at all any more.

14.   0   I don't feel that I look any worse than I used to.
        1   I am worried that I am looking old or unattractive.
        2   I feel that there are permanent changes in my appearance that make me look unattractive.
        3   I believe that I look ugly.

15.   0   I can work about as well as before.
        1   It takes an extra effort to get started at doing something.
        2   I have to push myself very hard to do anything.
        3   I can't do any work at all.

16.   0   I can sleep as well as usual.
        1   I don't sleep as well as I used to.
        2   I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
        3   I wake up several hours earlier than I used to and cannot get back to sleep.

17.   0   I don't get more tired than usual.
        1   I get tired more easily than I used to.
        2   I get tired from doing almost anything.
        3   I am too tired to do anything.

18.   0   My appetite is no worse than usual.
        1   My appetite is not as good as it used to be.
        2   My appetite is much worse now.
        3   I have no appetite at all anymore.

19.   0   I haven't lost much weight, if any, lately.
        1   I have lost more than 5 pounds.
        2   I have lost more than 10 pounds.
        3   I have lost more than 15 pounds.

            I am purposely trying to lose weight by eating less. Yes _____ No _____

20.   0   I am no more worried about my health than usual.
        1   I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
        2   I am very worried about physical problems and it's hard to think of much else.
        3   I am so worried about my physical problems that I cannot think about anything else.

21.   0   I have not noticed any recent change in my interest in sex.
        1   I am less interested in sex than I used to be.
        2   I am much less interested in sex now.
        3   I have lost interest in sex completely.

Hamilton Anxiety Scale (Hamilton, 1959)

Each item is rated from 0 to 4.

0	1	2	3	4
Absent	Mild	Moderate	Severe	Extremely severe
	(less than 50% of the time or cause little interference)	(more than 50% of the time or cause moderate interference)	(substantial or marked interference more than 50% of the time)	(as bad as could be, very disabling)

- ☐ Anxious mood (worry, irritability, apprehensiveness)
- ☐ Tension (startle, crying, fatigue, trembling, unable to relax, restlessness)
- ☐ Phobic fear (such as of strangers, being alone, animals, traffic, crowds, other situations)
- ☐ Insomnia (difficulty falling or staying asleep, disturbing dreams, tired on waking)
- ☐ Poor concentration or memory
- ☐ Depression (low mood, low interest, less pleasure, waking early)
- ☐ Muscle symptoms (aches, stiffness, pain, jerks, grinding teeth, unsteady voice)
- ☐ Sensory symptoms (ringing in ears, blurred vision, hot or cold flashes, weakness, tingling)
- ☐ Heart symptoms (racing, skipping, pounding, chest pain, fainting feelings)
- ☐ Respiratory symptoms (trouble breathing, chest pressure, choking, sighing, can't catch breath)
- ☐ Abdominal symptoms (stomach pain, nausea, rumbling, heartburn, loose bowels, constipation, sinking feeling)
- ☐ Urinary and sexual symptoms (frequent or urgent urination, lower sexual desire, orgasm problems, erectile problems, premature ejaculation)
- ☐ Autonomic symptoms (flushing, paleness, lightheadedness, headaches, goose bumps, sweating)
- ☐ Restlessness