

**HAMILTON ANXIETY RATING SCALE
(HAM-A)**

Patient Information								
Patient		Date	Day	Mth.	Year	Time	Hour	Min
Personal notes								

1. Anxious mood	
This item covers the emotional condition of uncertainty about the future, ranging from worry, insecurity, irritability and apprehension to overpowering dread.	
0 – The patient is neither more or less insecure or irritable than usual.	<input type="checkbox"/>
1 – Doubtful whether the patient is more insecure or irritable than usual.	<input type="checkbox"/>
2 – The patient expresses more clearly to be in a state of anxiety, apprehension or irritability, which he may find difficult to control. However, the worrying still is about minor matters and thus without influence on the patient's daily life.	<input type="checkbox"/>
3 – At times the anxiety or insecurity is more difficult to control because the worrying is about major injuries or harms which might occur in the future. Has occasionally interfered with the patient's daily life.	<input type="checkbox"/>
4 – The feeling of dread is present so often that it markedly interferes with the patient's daily life.	<input type="checkbox"/>

2. Tension

This item includes inability to relax, nervousness, bodily tensions, trembling and restless fatigue.

0 – The patient is neither more nor less tense than usual	<input type="checkbox"/>
1 – The patient seems somewhat more nervous and tense than usual.	<input type="checkbox"/>
2 – Patient expresses clearly unable to relax and full of inner unrest, which he finds difficult to control, but it is still without influence on the patient's daily life.	<input type="checkbox"/>
3 – The inner unrest and nervousness is so intense or frequent that it occasionally interferes with the patient's daily work.	<input type="checkbox"/>
4 – Tensions and unrest interfere with the patient's life and work at all times.	<input type="checkbox"/>

3. Fears

This item includes fear of being in a crowd, of animals, of being in public places, of being alone, of traffic, of strangers, of dark etc. It is important to note whether there has been more phobic anxiety during the present episode than usual.

0 – Not present.	<input type="checkbox"/>
1 – Doubtful whether present.	<input type="checkbox"/>
2 – The patient experiences phobic anxiety but is able to fight it.	<input type="checkbox"/>
3 – It is difficult to fight or overcome the phobic anxiety, which thus to some extent interferes with the patient's daily life and work.	<input type="checkbox"/>
4 – The phobic anxiety clearly interferes with the patient's daily life and work.	<input type="checkbox"/>

4. Insomnia

This item covers the patient's subjective experience of sleep duration and sleep depth during the three preceding nights. Note: Administration of hypnotics or sedatives is disregarded

0 – Usual sleep duration and sleep depth	<input type="checkbox"/>
1 – Sleep duration is doubtfully or slightly reduced (e.g. due to difficulties falling asleep), but no change in sleep depth.	<input type="checkbox"/>
2 – Sleep depth is also reduced, sleep being more superficial. Sleep as a whole is somewhat disturbed.	<input type="checkbox"/>
3 – Sleep duration and sleep depth is markedly changed. Sleep periods total only a few hours per 24 hours.	<input type="checkbox"/>
4 – Sleep depth is so shallow that the patient speaks of short periods of slumber or dozing, but no real sleep.	<input type="checkbox"/>

5. Difficulties in concentration and memory

This item covers difficulties in concentration, making decision about everyday matters, and memory

0 – The patient has neither more nor less difficulty in concentration and/or memory that usual.	<input type="checkbox"/>
1 – Doubtful whether the patient has difficulty in concentration and/or memory.	<input type="checkbox"/>
2 – Even with a major effort it is difficult for the patient to concentrate on his daily routine work.	<input type="checkbox"/>
3 – The patient has pronounced difficulties with concentration, memory, or decision making, e.g. in reading a newspaper article or watching a television programme to the end.	<input type="checkbox"/>
4 – During the interview the patient shows difficulty in concentration, memory or decision making.	<input type="checkbox"/>

6. Depressed mood

This item covers both the verbal and the non-verbal communication of sadness, depression, despondency, helplessness and hopelessness

0 – Not present.	<input type="checkbox"/>
1 – Doubtful whether the patient is more despondent or sad than usual, or is only vaguely so.	<input type="checkbox"/>
2 – The patient is more clearly concerned with unpleasant experiences, although he still lacks helplessness or hopelessness.	<input type="checkbox"/>
3 – The patient shows clear non-verbal signs of depression and/or hopelessness.	<input type="checkbox"/>
4 – The patient remarks on despondency and helplessness or the non-verbal signs dominate the interview and the patient cannot be distracted.	<input type="checkbox"/>

7. General somatic symptoms: Muscular

Weakness, stiffness, soreness or real pain, more or less diffusely localized in the muscles, such as jaw ache or neck ache.

0 – The patient is neither more nor less sore or stiff in the muscles than usual.	<input type="checkbox"/>
1 – The patient seems somewhat more stiff or sore in the muscles than usual.	<input type="checkbox"/>
2 – The symptoms have the character of pain.	<input type="checkbox"/>
3 – Muscle pain interferes to some extent with the patient's daily work and life.	<input type="checkbox"/>
4 – Muscle pain is present most of the time and clearly interferes with the patient's daily work and life.	<input type="checkbox"/>

8. General somatic symptoms: Sensory

This item includes increased fatigability and weakness or real functional disturbances of the senses, including tinnitus, blurring of vision, hot and cold flashes and prickling sensations

0 – Not present.	<input type="checkbox"/>
1 – Doubtful whether the patient's indications of symptoms are more pronounced than usual	<input type="checkbox"/>
2 – The sensations of pressure reach the character of buzzing in the ears, visual disturbances and prickling or itching sensations in the skin.	<input type="checkbox"/>
3 – The generalized sensory symptoms interfere to some extent with the patient's daily life and work.	<input type="checkbox"/>
4 – The generalized sensory symptoms are present most of the time and clearly interfere with the patient's daily life and work.	<input type="checkbox"/>

9. Cardiovascular symptoms

This item includes tachycardia, palpitations, oppression, chest pain, throbbing in the blood vessels, and feelings of faintness.

0 – Not present.	<input type="checkbox"/>
1 – Doubtful whether present.	<input type="checkbox"/>
2 – Cardiovascular symptoms are present, but the patient can still control them.	<input type="checkbox"/>
3 – The patient has occasional difficulty controlling the cardiovascular symptoms, which thus to some extent interfere with his daily life and work.	<input type="checkbox"/>
4 – Cardiovascular symptoms are present most of the time and clearly interfere with the patient's daily life and work.	<input type="checkbox"/>

10. Respiratory symptoms

Feelings of constriction or contraction in throat or chest, dyspnoea or choking sensations and sighing respiration

0 – Not present.	<input type="checkbox"/>
1 – Doubtful whether present.	<input type="checkbox"/>
2 – Respiratory symptoms are present, but the patient can still control them.	<input type="checkbox"/>
3 – The patient has occasional difficulty controlling the respiratory symptoms, which thus to some extent interfere with his daily life and work.	<input type="checkbox"/>
4 – Respiratory symptoms are present most of the time and clearly interfere with the patient's daily life and work.	<input type="checkbox"/>

11. Gastro-intestinal symptoms

This item covers difficulties in swallowing, "sinking" sensation in stomach, dyspepsia (heartburn or burning sensation in the stomach, abdominal pains related to meals, fullness, nausea and vomiting), abdominal rumbling and diarrhoea.

0 – Not present.	<input type="checkbox"/>
1 – Doubtful whether present (or doubtful whether different from usual).	<input type="checkbox"/>
2 – One or more gastro-intestinal symptoms are present, but the patient can still control them.	<input type="checkbox"/>
3 – The patient has occasional difficulty controlling the gastro-intestinal symptoms, which to some extent interfere with his daily life and work.	<input type="checkbox"/>
4 – The gastro-intestinal symptoms are present most of the time and interfere clearly with the patient's daily life and work.	<input type="checkbox"/>

12. Genito-urinary symptoms

This item includes non-organic or psychic symptoms such as frequent or more pressing passing of urine, menstrual irregularities, anorgasmia, dyspareunia, premature ejaculation, loss of erection.

0 – Not present.	<input type="checkbox"/>
1 – Doubtful whether present (or doubtful whether different from usual).	<input type="checkbox"/>
2 – One or more genito-urinary symptoms are present, but do not interfere with the patient's daily life and work.	<input type="checkbox"/>
3 – Occasionally, one or more genito-urinary symptoms are present to such a degree that they interfere to some extent with the patient's daily life and work.	<input type="checkbox"/>
4 – The genito-urinary symptoms are present most of the time and interfere clearly with the patient's daily life and work.	<input type="checkbox"/>

13. Other autonomic symptoms

This item includes dryness of the mouth, blushing or pallor, sweating and dizziness

0 – Not present.	<input type="checkbox"/>
1 – Doubtful whether present.	<input type="checkbox"/>
2 – One or more autonomic symptoms are present, but they do not interfere with the patient's daily life and work.	<input type="checkbox"/>
3 – Occasionally, one or more autonomic symptoms are present to such a degree that they interfere to some extent with the patient's daily life and work.	<input type="checkbox"/>
4 – Autonomic symptoms are present most of the time and clearly interfere with the patient's daily life and work.	<input type="checkbox"/>

14. Behaviour during interview

The patient may appear tense, nervous, agitated, restless, tremulous, pale, hyperventilating or sweating during the interview. Based on such observations a global estimate is made.

0 – The patient does not appear anxious.	<input type="checkbox"/>
1 – It is doubtful whether the patient is anxious.	<input type="checkbox"/>
2 – The patient is moderately anxious.	<input type="checkbox"/>
3 – The patient is markedly anxious.	<input type="checkbox"/>
4 – Patient is overwhelmed by anxiety, for example with shaking and trembling all over.	<input type="checkbox"/>

Total score _____

HAM-A score level of anxiety

<17: mild

18 – 24: mild to moderate

25 – 30: moderate to severe