

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Hamilton Rating Scale for Anxiety

Instructions: This checklist is to assist the physician or psychiatrist in evaluating each patient as to the degree of anxiety and pathological condition. Please fill in the appropriate rating:

NONE = 0    MILD = 1    MODERATE = 2    SEVERE = 3    SEVERE, GROSSLY DISABLING = 4

Item	Rating
1. Anxious 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	_____
4. Insomnia Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night-terrors	_____
5. Intellectual (cognitive) 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 frigidity, 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 Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, belching, brisk tendon jerks, dilated pupils, exophthalmos	_____
<b>TOTAL</b> _____	