

# Hamilton Anxiety Rating Scale (HAM-A)

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|-------|-------|
| Name: | Date: |
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Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

**0 = Not present,    1 = Mild,    2 = Moderate,    3 = Severe,    4 = Very severe**

|   | 0                        | 1                        | 2                        | 3                        | 4                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>1. Anxious mood</b><br>Worries, anticipation of the worst, fearful anticipation, irritability.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2. Tension</b><br>Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. Fears</b><br>Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4. Insomnia</b><br>Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5. Intellectual</b><br>Difficulty in concentration, poor memory.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6. Depressed mood</b><br>Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7. Somatic (muscular)</b><br>Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>8. Somatic (sensory)</b><br>Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>9. Cardiovascular symptoms</b><br>Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>10. Respiratory symptoms</b><br>Pressure or constriction in chest, choking feelings, sighing, dyspnea.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>11. Gastrointestinal symptoms</b><br>Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12. Genitourinary symptoms</b><br>Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>13. Autonomic symptoms</b><br>Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>14. Behavior at interview</b><br>Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reference: Hamilton M. The assessment of anxiety states by rating. Br J Med Psychol 1959; 32:50-55.

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## SCORING:

Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56, where <17 indicates mild severity, 18–24 mild to moderate severity and 25–30 moderate to severe.

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## NOTES: