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Hamilton Anxiety Rating Scale (HAM-A)

Classification of symptoms: 0-absent; 1-mild; 2-moderate; 3-severe; 4-incapacitating

HAM-A score level of anxiety: < 17 mild; 18-24 mild to moderate; 25-30 moderate to severe

Symptoms Date: _____

- | | | | |
|---|-----------|--------------------------------|-----------|
| 1. Anxious Mood | 0 1 2 3 4 | 10. Respiratory Symptoms | 0 1 2 3 4 |
| • worries | | • chest pressure | |
| • anticipates worst | | • choking sensation | |
| | | • shortness of breath | |
| 2. Tension | 0 1 2 3 4 | 11. Gastrointestinal Symptoms | 0 1 2 3 4 |
| • startles | | • dysphagia | |
| • cries easily | | • nausea or vomiting | |
| • restless | | • constipation | |
| • trembling | | • weight loss | |
| 3. Fears | 0 1 2 3 4 | 12. Genitourinary Symptoms | 0 1 2 3 4 |
| • fear of the dark | | • urinary frequency or urgency | |
| • fear of strangers | | • dysmenorrheal | |
| • fear of being alone | | • impotence | |
| • fear of animals | | | |
| 4. Insomnia | 0 1 2 3 4 | 13. Autonomic Symptoms | 0 1 2 3 4 |
| • difficulty falling asleep or staying asleep | | • dry mouth | |
| • difficulty with nightmares | | • flushing | |
| 5. Intellectual | 0 1 2 3 4 | • pallor | |
| • poor concentration | | • sweating | |
| • memory impairment | | 14. Behavior at Interview | 0 1 2 3 4 |
| 6. Depressed Mood | 0 1 2 3 4 | • fidgets | |
| • decreased interest in activities | | • tremor | |
| • anhedonia | | • paces | |
| • insomnia | | | |
| 7. Somatic complaints – Muscular | 0 1 2 3 4 | | |
| • muscle aches or pains | | | |
| • bruxism | | | |
| 8. Somatic complaints – Sensory | 0 1 2 3 4 | | |
| • tinnitus | | | |
| • blurred vision | | | |
| 9. Cardiovascular Symptoms | 0 1 2 3 4 | | |
| • tachycardia | | | |
| • palpitations | | | |
| • chest pain | | | |
| • sensory feeling faint | | | |

Total Score: _____

Rater's signature: _____