

# Psychiatric Associates of Atlanta, LLC

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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            |           |
| 2. Tension                                    | 0 1 2 3 4 | • shortness of breath          |           |
| • startles                                    |           | 11. Gastrointestinal Symptoms  | 0 1 2 3 4 |
| • cries easily                                |           | • dysphagia                    |           |
| • restless                                    |           | • nausea or vomiting           |           |
| • trembling                                   |           | • constipation                 |           |
| 3. Fears                                      | 0 1 2 3 4 | • weight loss                  |           |
| • fear of the dark                            |           | 12. Genitourinary Symptoms     | 0 1 2 3 4 |
| • fear of strangers                           |           | • urinary frequency or urgency |           |
| • fear of being alone                         |           | • dysmenorrhea                 |           |
| • fear of animal                              |           | • impotence                    |           |
| 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 of feeling faint                    |           |                                |           |

TOTAL SCORE: \_\_\_\_\_

Rater's signature: \_\_\_\_\_