

HAMILTON ANXIETY RATING SCALE

1. What's your mood been like this past week? Have you been anxious, nervous? Have you been worrying
Feeling something bad may happen? Feeling irritable?
 - 0 - No anxious mood
 - 1 - Mild worry or anxiety indicated only on questioning; no change in functioning
 - 2 - Preoccupation with minor events, anxiety on as many days as not
 - 3 - Near daily episodes of anxiety/worry with disruption of daily activities; daily preoccupation
 - 4 - Nearly constant anxiety; significant role disruption
2. Have you been feeling tense? Do you startle easily? Cry easily? Easily fatigued? Have you been trembling
or feeling restless or unable to relax?
 - 0 - No tension
 - 1 - Several days of mild tension or occasional (e.g., 1-2) episodes of exaggerated startle or labile mood
 - 2 - Muscle tension or fatigue 50% of the time, or repeated (>2) episodes of trembling, exaggerated startle, etc.
 - 3 - Near daily muscle tension, fatigue and/or restlessness >75% of the time or persistent, disruptive symptoms
 - 4 - Constant tension, restlessness, agitation, unable to relax in the interview

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3. Have you been feeling fearful (phobic) of situations or events? For example, have you been afraid of the dark? Of strangers? Of being left alone? Of animals? Of being caught in traffic? Of crowds? Other fears?
- 0 - No fears
 - 1 - Mild phobic concerns that do not cause significant distress or disrupt functioning
 - 2 - Fears lead to distress or avoidance on one or more occasions
 - 3 - Fears are an object of concern on a near daily basis (75%); patient may need to be accompanied by others to a fearful event
 - 4 - Fears or avoidance that markedly affect function. Patient may avoid multiple situations even if accompanied; extensive agoraphobia
4. How has your sleeping been this week? Any difficulties falling asleep? Any problems with waking during the night? Waking early and not being able to return to sleep? Do you feel rested in the morning? Do you have disturbing dreams or nightmares?
- 0 - No sleep disturbance
 - 1 - Mildly disrupted sleep (e.g., one to two nights of difficulties falling asleep or nightmares)
 - 2 - Several episodes of sleep disturbance that is regular but not persistent (*e.g., over one-half hour falling asleep, nightmare or excessive AM fatigue*)
 - 3 - Persistent sleep disruption (more days than not), characterized by difficulty falling (*e.g., over one hour*) or staying asleep, restlessness, unsatisfying sleep or frequent nightmare, or fatigue
 - 4 - Nightly difficulties with sleep onset or maintenance, or daily severe fatigue on waking in the AM

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5. Have you had trouble concentrating or remembering?

0 - No difficulties

1 - Infrequent episodes of forgetfulness or difficulty concentrating that are not distressing to the patient

2 - Recurrent episodes of forgetfulness or difficulty concentrating, or episodes of sufficient intensity to cause the patient recurrent concern

3 - Persistent concentration or memory impairment interferes with daily tasks

4 - Significant role impairment due to concentration difficulties

6. Have you been feeling depressed? Have you lost interest in things? Do you get pleasure from friends or hobbies?

0 - No depression

1 - Occasional or mild blue or sad mood, or reports of decreased enjoyment of activities

2 - Sad or blue mood or disinterest 50% of the time, mood does not generally interfere with functioning

3 - Persistent depressed mood or loss of pleasure, mood is significantly distressing to the patient or may be evident to others

4 - Daily evidence of severe depression with significant role impairment

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7. Have you been experiencing aches, pains or stiffness in your muscles? Have you experienced muscle twitching or sudden muscle jerks? Have you been grinding your teeth? Have you had an unsteady voice?
- 0 - No muscular symptoms
 - 1 - Infrequent presence of one or two symptoms, no significant distress
 - 2 - Mild distress over several symptoms or moderate distress over a single symptom
 - 3 - Symptoms occur on more days than not, symptoms are associated with moderate to severe distress and/or regular attempts at symptom control by limiting activities or taking medications
 - 4 - Daily or near daily episodes of symptoms that cause the patient significant distress and lead to restriction of activities or repeated visits for medical attention
8. Have you been experiencing ringing in your ears, blurred vision, hot or cold flashes, feelings of weakness or prickling sensations? *(Has this occurred at times other than during a panic attack?)*
- 0 - No symptoms
 - 1 - Infrequent presence of one or two symptoms, no significant distress
 - 2 - Mild distress over several symptoms or moderate distress over a single symptom
 - 3 - Symptoms occur on more days than not, symptoms are associated with moderate to severe distress and/or regular attempts at symptom control by limiting activities or taking medications
 - 4 - Daily or near daily episodes of symptoms that cause the patient significant distress and lead to restriction of activities or repeated visits for medical attention

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9. Have you had episodes of a racing, skipping or pounding heart? How about pain in your chest or fainting feelings? *(Has this occurred at times other than during a panic attack?)*
[Same answer scale as for Question 8]
10. Have you been having trouble with your breathing? For example, pressure or constriction in your chest, choking feelings, sighing or feeling like you can't catch your breath? *(Has this occurred at times other than during a panic attack?)*
[Same answer scale as for Question 8]
11. Have you had any difficulties with stomach pain or discomfort? Nausea or vomiting? Burning or rumbling in your stomach? Heartburn? Loose bowels? Constipation? Sinking feeling in your stomach? *(Has this occurred at times other than during a panic attack?)*
- 0 - No symptoms
 - 1 - Infrequent and minor episodes of gastric discomfort, constipation, or loosening of bowels, fleeting nausea
 - 2 - An episode of vomiting or recurrent episodes of abdominal pain, loosening of bowels, difficulty swallowing, etc.
 - 3 - Symptoms more days than not that are very bothersome to the patient or lead to concerns over eating, bathroom availability, or use of medication
 - 4 - Daily or near daily episodes of symptoms that cause the patient significant distress and lead to restriction of activities or visits for medical attention
 - 5 - Symptoms more days than not that are very bothersome to the patient or lead to concerns over eating, bathroom availability, or use of medication
 - 6 - Daily or near daily episodes of symptoms that cause the patient significant distress and lead to restriction of activities or visits for medical attention

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12. Have you been experiencing urinary difficulties? For example, have you had to urinate more frequently than usual? Have you had more urgency to urinate? Have you had decreased sexual interest?
FOR WOMEN: Have your periods been regular? Have you experienced a change in your ability to have an orgasm?
FOR MEN: Have you had trouble maintaining an erection? Ejaculating prematurely?

0 - No symptoms

1 - Infrequent and minor episodes of urinary symptoms or mild changes in sexual interest

2 - Urinary symptoms several days during the week, occasional difficulties with sexual function

3 - Urinary or sexual symptoms more days than not, amenorrhea

4 - Daily urinary or sexual symptoms that lead to distress and medical care seeking

13. Have you been experiencing flushing in your face? Getting pale? Lightheadedness? Have you been having tension headaches? Have you felt the hair rise on your arms, the back of your neck or head, as though something had frightened you? *(Has this occurred at times other than during a panic attack?)*

0 - No symptoms

1 - Mild symptoms occurring infrequently

2 - Symptoms occurred several times during the week and were bothersome

3 - Near daily symptoms with distress or embarrassment about the symptoms

4 - Daily symptoms that are a focus of distress and impair function *(e.g., daily headaches or lightheadedness leading to limitation of activities)*



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14. Rate Interview Behaviour: Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respirations, facial pallor, frequent swallowing, etc.

0 - No apparent symptoms

1 - Presence of one or two symptoms to a mild degree

2 - Presence of several symptoms of mild intensity or one symptoms of moderate intensity

3 - Persistent symptoms throughout the interview

4 - Agitation, hyperventilation, difficulty completing the interview

Sum the scores from all 14 parameters.

14-17 = Mild Anxiety

18-24 = Moderate Anxiety

25-30 = Severe Anxiety