

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	_____
TOTAL		_____

Citation: Hamilton M: The assessment of anxiety states by rating. *British Journal of Medical Psychology* 32:50-55,1959