

Hamilton Anxiety Rating Scale (HAM-A)

Hamilton M. The assessment of anxiety states by rating. Br J Med Psychol 1959

The **Hamilton Anxiety Rating Scale (HAM-A)** was one of the first rating scales developed to measure the severity of anxiety symptoms and is still widely used today in both clinical and research settings.

The scale is intended for adults, adolescents, and children and should take approximately ten to fifteen minutes to administer.

The major value of HAM-A is to assess the patient's response to a course of treatment, rather than as a diagnostic or screening tool. By administering the scale serially, a clinician can document the results of drug treatment, psychotherapy or neurofeedback.

The scale consists of 14 items; each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety).

Each item is scored independently based on a five-point, ratio scale. A rating of 0 indicates that the feeling is not present in the patient. A rating of 1 indicates the mild prevalence of the feeling in the patient. A rating of 2 indicates a moderate prevalence of the feeling in the patient. A rating of 3 indicates the severe prevalence of the feeling in the patient.

This calculation will yield a comprehensive score in the range of 0 to 56. It has been predetermined that the results of the evaluation can be interpreted as follows. A score of 17 or less indicates mild anxiety severity. A score from 18 to 24 indicates mild to moderate anxiety severity. Lastly, a score of 25 to 30 indicates a moderate to severe anxiety severity.

Not Present = 0 Mild = 1 Moderate = 2 Severe = 3 Grossly Disabling or Severe = 4

Sum the scores from all 14 parameters.

14-17 = Mild Anxiety

18-24 = Mild to Moderate Anxiety

25-30 = Moderate to Severe Anxiety

Hamilton Anxiety Rating Scale (HAM-A)

	PARAMETERS	SYMPTOMS	SEVERITY					
			0	1	2	3	4	
1	ANXIOUS MOOD	<input type="checkbox"/> Worries <input type="checkbox"/> Anticipation of the worst	<input type="checkbox"/> Fearful anticipation <input type="checkbox"/> Irritability					
2	TENSION	<input type="checkbox"/> Feelings of tension <input type="checkbox"/> Fatigability <input type="checkbox"/> Startles response <input type="checkbox"/> Easily moved to tears	<input type="checkbox"/> Trembling <input type="checkbox"/> Feelings of restlessness <input type="checkbox"/> Inability to relax					
3	FEARS	<input type="checkbox"/> Fear of dark <input type="checkbox"/> Fear of strangers <input type="checkbox"/> Fear of being left alone	<input type="checkbox"/> Fear of animals <input type="checkbox"/> Fear of traffic <input type="checkbox"/> Fear of crowds					
4	INSOMNIA	<input type="checkbox"/> Difficulty in falling asleep or staying asleep <input type="checkbox"/> Broken sleep <input type="checkbox"/> Night-terrors	<input type="checkbox"/> Unsatisfying sleep and fatigue on waking <input type="checkbox"/> Dreams <input type="checkbox"/> Nightmares					
5	INTELLECTUAL	<input type="checkbox"/> Difficulty in concentration	<input type="checkbox"/> Poor memory					
6	DEPRESSED MOOD	<input type="checkbox"/> Loss of interest in activities <input type="checkbox"/> Lack of pleasure in hobbies	<input type="checkbox"/> Depression <input type="checkbox"/> Early waking, <input type="checkbox"/> Diurnal swing					
7	SOMATIC COMPLAINTS: MUSCULAR	<input type="checkbox"/> Pains and aches <input type="checkbox"/> Twitching, stiffness <input type="checkbox"/> Myoclonic jerks	<input type="checkbox"/> Grinding of teeth (Bruxism) <input type="checkbox"/> Unsteady voice <input type="checkbox"/> Increased muscular tone					
8	SOMATIC COMPLAINTS: SENSORY	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Blurring of vision <input type="checkbox"/> Hot and cold flushes	<input type="checkbox"/> Feelings of weakness <input type="checkbox"/> Pricking sensation					
9	CARDIOVASCULAR SYMPTOMS	<input type="checkbox"/> Tachycardia <input type="checkbox"/> Palpitations <input type="checkbox"/> Chest Pain <input type="checkbox"/> Throbbing of vessels	<input type="checkbox"/> Fainting feelings <input type="checkbox"/> Missing beat <input type="checkbox"/> Sensation of feeling faint					
10	RESPIRATORY SYMPTOMS	<input type="checkbox"/> Chest pressure or constriction <input type="checkbox"/> Choking feelings	<input type="checkbox"/> Sighing <input type="checkbox"/> Dyspnea <input type="checkbox"/> Shortness of Breath					
11	GASTROINTESTINAL SYMPTOMS	<input type="checkbox"/> Difficulty in swallowing <input type="checkbox"/> Wind, abdominal pain <input type="checkbox"/> Burning sensations <input type="checkbox"/> Abdominal fullness <input type="checkbox"/> Nausea or Vomiting	<input type="checkbox"/> Borborygmi <input type="checkbox"/> Looseness of bowels <input type="checkbox"/> Loss of weight <input type="checkbox"/> Constipation <input type="checkbox"/> Dysphagia					
12	GENITOURINARY SYMPTOMS	<input type="checkbox"/> Frequency of micturition <input type="checkbox"/> Urgency of micturition <input type="checkbox"/> Amenorrhea <input type="checkbox"/> Menorrhagia	<input type="checkbox"/> Development of frigidity <input type="checkbox"/> Premature ejaculation <input type="checkbox"/> Loss of libido <input type="checkbox"/> Impotence					
13	AUTONOMIC SYMPTOMS	<input type="checkbox"/> Dry mouth <input type="checkbox"/> Flushing <input type="checkbox"/> Pallor <input type="checkbox"/> Tendency to sweat	<input type="checkbox"/> Giddiness <input type="checkbox"/> Tension headache <input type="checkbox"/> Raising of hair					
14	BEHAVIOR AT INTERVIEW	<input type="checkbox"/> Fidgeting <input type="checkbox"/> Restlessness or pacing <input type="checkbox"/> Tremor of hands <input type="checkbox"/> Furrowed brow <input type="checkbox"/> Strained face <input type="checkbox"/> Sighing or rapid respiration	<input type="checkbox"/> Facial pallor <input type="checkbox"/> Swallowing <input type="checkbox"/> Belching <input type="checkbox"/> Brisk <input type="checkbox"/> Tendon Jerks <input type="checkbox"/> Dilated Pupils <input type="checkbox"/> Exophthalmos					
	Add up results for each column							
	Total Score							

Evaluation results interpretation:

14-17 = Mild Anxiety;
 18-24 = Mild to Moderate Anxiety;
 25-30 = Moderate to Severe Anxiety