

# Mathers Clinic

## HAM-A: Hamilton Anxiety Rating Scale

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_:\_\_\_\_\_ Personal Note: \_\_\_\_\_

Place the value for each question in the box. Add all 14 values for the total score.

### 1. Anxious Mood

Q. This item covers the emotional condition of uncertainty about the future, ranging from worry, insecurity, irritability and apprehension to overpowering dread.

- 0 The patient is neither more or less insecure or irritable than usual.
- 1 Doubtful whether the patient is more insecure or irritable than usual.
- 2 The patient expresses more clearly to be in a state of anxiety, apprehension or irritability, which he may find difficult to control. However, the worrying still is about minor matters and thus without influence on the patient's daily life.
- 3 At times the anxiety or insecurity is more difficult to control because the worrying is about major injuries or harms which might occur in the future. Has occasionally interfered with the patient's daily life.
- 4 The feeling of dread is present so often that it markedly interferes with the patient's daily life.

### 2. Tension

Q. This item includes inability to relax, nervousness, bodily tensions, trembling and restless fatigue.

- 0 The patient is neither more nor less tense than usual
- 1 The patient seems somewhat more nervous and tense than usual.
- 2 Patient expresses clearly unable to relax and full of inner unrest, which he finds difficult to control, but it is still without influence on the patient's daily life.
- 3 The inner unrest and nervousness is so intense or frequent that it occasionally interferes with the patient's daily work.
- 4 Tensions and unrest interfere with the patient's life and work at all times.

### 3. Fears

Q. This item includes fear of being in a crowd, of animals, of being in public places, of being alone, of traffic, of strangers, of dark etc. It is important to note whether there has been more phobic anxiety during the present episode than usual.

- 0 Not present.
- 1 Doubtful whether present.
- 2 The patient experiences phobic anxiety but is able to fight it.
- 3 It is difficult to fight or overcome the phobic anxiety, which thus to some extent interferes with the patient's daily life and work.
- 4 The phobic anxiety clearly interferes with the patient's daily life and work.

### 4. Insomnia

Q. This item covers the patient's subjective experience of sleep duration and sleep depth during the three preceding nights. *Note: Administration of hypnotics or sedatives is disregarded.*

- 0 Usual sleep duration and sleep depth.
- 1 Sleep duration is doubtfully or slightly reduced (e.g. due to difficulties falling asleep), but no change in sleep depth.
- 2 Sleep depth is also reduced, sleep being more superficial. Sleep as a whole is somewhat disturbed.
- 3 Sleep duration and sleep depth is markedly changed. Sleep periods total only a few hours per 24 hours.
- 4 Sleep depth is so shallow that the patient speaks of short periods of slumber or dozing, but no real sleep.

PLEASE CONTINUE ON FOLLOWING PAGE.



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### 5. Difficulties In Concentration And Memory

Q. This item covers difficulties in concentration, making decision about everyday matters, and memory.

- 0 The patient has neither more nor less difficulty in concentration and/or memory that usual.
- 1 Doubtful whether the patient has difficulty in concentration and/or memory.
- 2 Even with a major effort it is difficult for the patient to concentrate on his daily routine work.
- 3 The patient has pronounced difficulties with concentration, memory, or decision making, e.g. in reading a newspaper article or watching a television programme to the end.
- 4 During the interview the patient shows difficulty in concentration, memory or decision making.

### 6. Depressed Mood

Q. This item covers both the verbal and the non-verbal communication of sadness, depression, despondency, helplessness and hopelessness.

- 0 Not present.
- 1 Doubtful whether the patient is more despondent or sad than usual, or is only vaguely so.
- 2 The patient is more clearly concerned with unpleasant experiences, although he still lacks helplessness or hopelessness.
- 3 The patient shows clear non-verbal signs of depression and/or hopelessness.
- 4 The patient remarks on despondency and helplessness or the non-verbal signs dominate the interview and the patient cannot be distracted.

### 7. General Somatic Symptoms: Muscular

Q. Weakness, stiffness, soreness or real pain, more or less diffusely localized in the muscles, such as jaw ache or neck ache.

- 0 The patient is neither more nor less sore or stiff in the muscles than usual.
- 1 The patient seems somewhat more stiff or sore in the muscles than usual.
- 2 The symptoms have the character of pain.
- 3 Muscle pain interferes to some extent with the patient's daily work and life.
- 4 Muscle pain is present most of the time and clearly interferes with the patient's daily work and life.

### 8. General Somatic Symptoms: Sensory

Q. This item includes increased fatigability and weakness or real functional disturbances of the senses, including tinnitus, blurring of vision, hot and cold flashes and prickling sensations.

- 0 Not present.
- 1 Doubtful whether the patient's indications of symptoms are more pronounced than usual.
- 2 The sensations of pressure reach the character of buzzing in the ears, visual disturbances and prickling or itching sensations in the skin.
- 3 The generalized sensory symptoms interfere to some extent with the patient's daily life and work.
- 4 The generalized sensory symptoms are present most of the time and clearly interfere with the patient's daily life and work.

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### 9. Cardiovascular Symptoms

Q. This item includes tachycardia, palpitations, oppression, chest pain, throbbing in the blood vessels, and feelings of faintness.

- 0 Not present.
- 1 Doubtful whether present.
- 2 Cardiovascular symptoms are present, but the patient can still control them.
- 3 The patient has occasional difficulty controlling the cardiovascular symptoms, which thus to some extent interfere with his daily life and work.
- 4 Cardiovascular symptoms are present most of the time and clearly interfere with the patient's daily life and work.

### 10. Respiratory Symptoms

Q. Feelings of constriction or contraction in throat or chest, dyspnoea or choking sensations and sighing respiration.

- 0 Not present.
- 1 Doubtful whether present.
- 2 Respiratory symptoms are present, but the patient can still control them.
- 3 The patient has occasional difficulty controlling the respiratory symptoms, which thus to some extent interfere with his daily life and work.
- 4 Respiratory symptoms are present most of the time and clearly interfere with the patient's daily life and work.

### 11. Gastro-Intestinal Symptoms

Q. This item covers difficulties in swallowing, "sinking" sensation in stomach, dyspepsia (heartburn or burning sensation in the stomach, abdominal pains related to meals, fullness, nausea and vomiting), abdominal rumbling and diarrhea.

- 0 Not present.
- 1 Doubtful whether present (or doubtful whether different from usual).
- 2 One or more gastro-intestinal symptoms are present, but the patient can still control them.
- 3 The patient has occasional difficulty controlling the gastro-intestinal symptoms, which to some extent interfere with his daily life and work.
- 4 The gastro-intestinal symptoms are present most of the time and interfere clearly with the patient's daily life and work.

### 12. Gastro-Intestinal Symptoms

Q. This item includes non-organic or psychic symptoms such as frequent or more pressing passing of urine, menstrual irregularities, anorgasmia, dyspareunia, premature ejaculation, loss of erection.

- 0 Not present.
- 1 Doubtful whether present (or doubtful whether different from usual).
- 2 One or more genito-urinary symptoms are present, but do not interfere with the patient's daily life and work.
- 3 Occasionally, one or more genito-urinary symptoms are present to such a degree that they interfere to some extent with the patient's daily life and work.
- 4 The genito-urinary symptoms are present most of the time and interfere clearly with the patient's daily life and work.

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### 13. Other Autonomic Symptoms

Q. This item includes dryness of the mouth, blushing or pallor, sweating and dizziness.

- 0 Not present.
- 1 Doubtful whether present.
- 2 One or more autonomic symptoms are present, but they do not interfere with the patient's daily life and work.
- 3 Occasionally, one or more autonomic symptoms are present to such a degree that they interfere to some extent with the patient's daily life and work.
- 4 Autonomic symptoms are present most of the time and clearly interfere with the patient's daily life and work.

### 14. Behaviour During Interview

Q. The patient may appear tense, nervous, agitated, restless, tremulous, pale, hyperventilating or sweating during the interview. Based on such observations a global estimate is made.

- 0 The patient does not appear anxious.
- 1 It is doubtful whether the patient is anxious.
- 2 The patient is moderately anxious.
- 3 The patient is markedly anxious.
- 4 Patient is overwhelmed by anxiety, for example with shaking and trembling all over.

### Score For Each Question:

1: \_\_\_\_\_ 4: \_\_\_\_\_ 7: \_\_\_\_\_ 10: \_\_\_\_\_ 13: \_\_\_\_\_  
2: \_\_\_\_\_ 5: \_\_\_\_\_ 8: \_\_\_\_\_ 11: \_\_\_\_\_ 14: \_\_\_\_\_  
3: \_\_\_\_\_ 6: \_\_\_\_\_ 9: \_\_\_\_\_ 12: \_\_\_\_\_

**TOTAL  
SCORE**

### HAM-A Score Level of Anxiety:

<17 = mild

18-24 = mild to moderate

25-30 = moderate to severe



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