

**Dr. Rosa C. Gonzalez**

3560 Delaware Ste. 109 | Beaumont, Texas 77706

Office: 409-892-9347 Fax: 409-892-8803

**HAMILTON ANXIETY SCALE (HAM-A)**

**Patient Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

The Hamilton Anxiety Scale (HAM-A) is a rating scale developed to quantify the severity of anxiety symptomatology, often used in psychotropic drug evaluation. It consists of 14 items, each defined by a series of symptoms. Each item is rated on a 5-point scale, ranging from 0 (not present) to 4 (severe).

**0 = Not present 1 =Mild 2 = Moderate 3 = Severe to 4 = Very Severe**

<input type="checkbox"/>	<b>1. ANXIOUS MOOD</b> <ul style="list-style-type: none"><li>• Worries</li><li>• Anticipates worst</li></ul>	<input type="checkbox"/>	<b>8. SOMATIC COMPLAINTS: SENSORY</b> <ul style="list-style-type: none"><li>• Tinnitus</li><li>• Blurred vision</li></ul>
<input type="checkbox"/>	<b>2. TENSION</b> <ul style="list-style-type: none"><li>• Startles</li><li>• Cries easily</li><li>• Restless</li><li>• Trembling</li></ul>	<input type="checkbox"/>	<b>9. CARDIOVASCULAR SYMPTOMS</b> <ul style="list-style-type: none"><li>• Tachycardia</li><li>• Palpitations</li><li>• Chest Pain</li><li>• Sensation of feeling faint</li></ul>
<input type="checkbox"/>	<b>3. FEARS</b> <ul style="list-style-type: none"><li>• Fear of the dark</li><li>• Fear of strangers</li><li>• Fear of being alone</li><li>• Fear of animal</li></ul>	<input type="checkbox"/>	<b>10. RESPIRATORY SYMPTOMS</b> <ul style="list-style-type: none"><li>• Chest pressure</li><li>• Choking sensation</li><li>• Shortness of Breath</li></ul>
<input type="checkbox"/>	<b>4. INSOMNIA</b> <ul style="list-style-type: none"><li>• Difficulty falling asleep or staying asleep</li><li>• Difficulty with Nightmares</li></ul>	<input type="checkbox"/>	<b>11. GASTROINTESTINAL SYMPTOMS</b> <ul style="list-style-type: none"><li>• Dysphagia</li><li>• Nausea or Vomiting</li><li>• Constipation</li><li>• Weight loss</li><li>• Abdominal fullness</li></ul>
<input type="checkbox"/>	<b>5. INTELLECTUAL</b> <ul style="list-style-type: none"><li>• Poor concentration</li><li>• Memory Impairment</li></ul>	<input type="checkbox"/>	<b>12. GENITOURINARY SYMPTOMS</b> <ul style="list-style-type: none"><li>• Urinary frequency or urgency</li><li>• Dysmenorrhea</li><li>• Impotence</li></ul>
<input type="checkbox"/>	<b>6. DEPRESSED MOOD</b> <ul style="list-style-type: none"><li>• Decreased interest in activities</li><li>• Anhedonia</li><li>• Insomnia</li></ul>	<input type="checkbox"/>	<b>13. AUTONOMIC SYMPTOMS</b> <ul style="list-style-type: none"><li>• Dry Mouth</li><li>• Flushing</li><li>• Pallor</li><li>• Sweating</li></ul>
<input type="checkbox"/>	<b>7. SOMATIC COMPLAINTS: MUSCULAR</b> <ul style="list-style-type: none"><li>• Muscle aches or pains</li><li>• Bruxism</li><li>• Twitching or Jerking</li><li>• Grinding Teeth</li></ul>	<input type="checkbox"/>	<b>14. OTHER BEHAVIOR</b> <ul style="list-style-type: none"><li>• Fidgets</li><li>• Tremor</li><li>• Paces</li></ul>

**Dr. Rosa C. Gonzalez**

3560 Delaware Ste. 109 | Beaumont, Texas 77706

Office: 409-892-9347 Fax: 409-892-8803

**HAMILTON ANXIETY SCALE (HAM-A)**

**Sum the scores from all 14 parameters.**

14-17 = Mild Anxiety

18-24 = Moderate Anxiety

25-30 = Severe Anxiety