



MIRACLE Counseling

Hamilton Anxiety Rating Scale (HAM-A)

Patient Name

DOB

Female

Provider Name

Date

Male

Other

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

	Not Present	Mild	Moderate	Severe	Very Severe
1. Anxious Mood 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 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.					

<p>10. Respiratory Symptoms Pressure or constriction in chest, choking feelings, sighing, dyspnea.</p>					
<p>11. Gastrointestinal Symptoms Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.</p>					
<p>12. Genitourinary Symptoms Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of rigidity, premature ejaculation, loss of libido, impotence.</p>					
<p>13. Autonomic Symptoms Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.</p>					
<p>14. Behavior at Interview Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.</p>					



NOTES: