

Name: _____

Date: _____

Instructions: The following is a list of symptoms that people sometimes have. Put the appropriate number in the space to the right that best describes how much that symptom or problem has bothered you during the past week.

<i>HAMILTON ANXIETY RATING SCALE</i>	Absent (0)	Mild(1)	Moderate (2)	Severe (3)	Incapacitating (4)
1. Anxious mood • worries • anticipates worst					
2. Tension • startles • cries easily • restless • trembling					
3. Fears • fear of the dark • fear of strangers • fear of being alone					
4. Insomnia • difficulty falling asleep/staying asleep • difficulty with nightmares					
5. Intellectual • poor concentration • memory impairment					
6. Depressed Mood • decreased interest in activities • anhedonia					
7. Somatic complaints - Muscular • muscle aches or pains					
8. Somatic complaints - Sensory • tinnitus • blurred vision					
9. Cardiovascular Symptoms • tachycardia • palpitations • chest pain • sensory of feeling faint					
10. Respiratory Symptoms • chest pressure • shortness of breath					
11. Gastrointestinal Symptoms • nausea or vomiting • constipation					
12. Genitourinary Symptoms • urinary frequency/urgency • impotence					
13. Autonomic Symptoms • dry mouth • flushing • sweating					
14. Behavior • fidgets • tremor • paces					

Total Scores: _____

Classification of symptoms: 0 - absent; 1 - mild; 2 - moderate; 3 - severe; 4 - incapacitating

Score level of anxiety: < 17 mild; 18 - 24 mild to moderate; 25 - 30 moderate to severe