

APPENDIX - B

Hamilton Anxiety Scale

Patient's Name

Patient's Record Number

Doctor

Visit Number

Date of Visit

Complete all items of the Hamilton Scale using the following assessment grades:

- 0 = Absent
- 1 = Mild
- 2 = Moderate
- 3 = Severe
- 4 = Very severe, grossly disabling

Item No.	Score	Symptom
1	<input type="text"/>	Anxious mood Worries Anticipation of the worst Apprehension (fearful anticipation) Irritability
2	<input type="text"/>	Tension Feelings of tension Fatiguability Startle response Moved to tears easily Trembling Feelings of restlessness
3	<input type="text"/>	Fears of Dark Strangers Being left alone Large animals, etc. Traffic Crowds
4	<input type="text"/>	Insomnia Difficulty in falling asleep Broken sleep Unsatisfying sleep and fatigue on waking Dreams Nightmares Night terrors
5	<input type="text"/>	Intellectual (cognitive) Difficulty in concentration Poor memory

Item No.	Score	Symptom
6	<input type="checkbox"/>	Depressed mood Loss of interest Lack of pleasure in hobbies Depression Early waking Diurnal swing
7	<input type="checkbox"/>	General somatic (muscular) Muscular pains and aches Muscular stiffness Muscular twitchings Clonic jerks Grinding of teeth Unsteady voice
8	<input type="checkbox"/>	General somatic (sensory) Tinnitus Blurring of vision Hot and cold flushes Feelings of weakness Pricking sensations
9	<input type="checkbox"/>	Cardiovascular symptoms Tachycardia Palpitations Pain in chest Throbbing of vessels Fainting feelings Missing beat
10	<input type="checkbox"/>	Respiratory symptoms Pressure or constriction in chest Chocking feelings Sighings Dyspnoea
11	<input type="checkbox"/>	Gastro-intestinal symptoms Difficulty in swallowing Wind Dyspepsia: pain before and after meals burning sensations fullness waterbrash nausea vomiting sinking feelings 'Working' in abdomen Borborygmi Looseness of bowels Loss of weight Constipation

Item No.	Score	Symptom
12	<input type="checkbox"/>	Genito-urinary symptoms Frequency of micturition Urgency of micturition Amenorrhoea Menorrhagia Development of frigidity Ejaculatio praecox Loss of erection Impotence
13	<input type="checkbox"/>	Autonomic symptoms Dry mouth Flushing Pallor Tendency to sweat Giddiness Tension headache Raising of hair
14	<input type="checkbox"/>	Behaviour at interview (general) Tense, not relaxed Fidgeting: hands, picking fingers, clenching, tics, handkerchief Restlessness: packing Tremor of hands Furrowed brow Strained face Increased muscular tone Sighing respirations Facial pallor
15	<input type="checkbox"/>	Behaviour (physiological) Swallowing Belching High resting pulse rate Respiration rate over 20/min Brisk tendon jerks Tremor Dilated pupils Exophthalmos Sweating Eye-lid twitching
Total	<input type="checkbox"/> <input type="checkbox"/>	