

Confidential

**STRUCTURED INTERVIEW GUIDE FOR THE HAMILTON ANXIETY SCALE
(SIGH-A)**

Overview: I'd like to ask you some questions about the past week. How have you been feeling since last (DAY OF THE WEEK)? IF OUTPATIENT: Have you been working? IF NOT: Why?

- MILD: Occurs irregularly and for short periods of time
- MODERATE: Occurs more constantly and of longer duration, requiring considerable effort on the part of the subject to cope with it.
- SEVERE: Continuous and dominates the subject's life.
- VERY SEVERE: Incapacitating

In the last week, how much have you been worrying?
How much have you been thinking about the worst that can happen, or been afraid of what's going to happen?
Have you been feeling especially irritable this past week?

ANXIOUS MOOD (worries, anticipation of the worst, fearful anticipation, irritability):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

IF SCORED 1-4 ABOVE, ASK: How long have you been feeling this way?

In the last week, how much have you felt tense?
Have you gotten tired easily?
How much have you been bothered by any of these things: being startled easily, crying easily, trembling, feeling restless, not being able to relax?
FOR EACH SX: How bad has that been this past week?

TENSION (Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

This past week, have you been afraid of the dark, of strangers, of being left alone, of animals, of traffic, or of crowds? IF YES: How afraid?

FEARS (of dark, of strangers, of being left alone, of animals of traffic, of crowds):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

In the last week, have you had trouble falling sleep, or had broken sleep, unsatisfying sleep, being tired when you wake up, bad dreams, or nightmares?
FOR EACH SX: How bad has that been?

INSOMNIA (Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

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In the last week, have you had trouble concentrating, or trouble remembering things? (How much?)

In the past week, have you felt depressed? Have you been less interested in things or not enjoyed things you usually enjoy doing?

This past week, what time have you been waking up in the morning for the last time? (Is that with an alarm clock, or do you just wake yourself?)
 IF VARIATION: How much worse do you feel in the (MORNING OR EVENING)?
 IF UNSURE: A little bit worse or a lot worse?

In the last week, have you been bothered by aches and pains, muscle twitching, stiffness, or sudden muscle jerks? How about grinding your teeth, having an unsteady voice, or your muscles being tense?
 IF YES: How bad has that been? (How has it bothered you?)

In the past week, have you been ringing in your ears, blurred vision, hot or cold flashes, feelings of weakness, or pricking sensations?
 IF YES: How bad has it bothered you?

In the past week, has your heart raced, skipped, or pounded? Have you had pain in your chest, throbbing blood vessels, or fainting feelings? IF YES: How bad has that been?

In the last week, have you had pressure or tightness in your chest, or choking feelings? IF YES: How bad has that been? What about sighing, or shortness of breath? IF YES: how bad has that been?

INTELLECTUAL (Difficulty in concentrating; poor memory):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

DEPRESSED MOOD (Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing?):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

SOMATIC (MUSCULAR) (Pain and aches, twitching stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

SOMATIC (SENSORY) (Tinnitus, blurring of vision, hot and cold flashes, feelings of weakness, pricking sensation):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

CARDIOVASCULAR SYMPTOMS

(Tachycardia, palpitations, missing beats, pain in chest, throbbing of vessels, fainting feelings):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

RESPIRATORY SYMPTOMS (Pressure or constriction in chest, choking feelings, sighing, dyspnea):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

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In the last week, have you had trouble swallowing? Have you had stomach pain and fullness, gas, nausea, vomiting, burning or rumbling in your stomach, loose bowels, or constipation? IF YES: How bad has that been?

In the past week, have you had to urinate frequently? Have you had the urge to? How has your interest in sex been in the past week? (Here I'm not asking about performance, but about your interest in sex-how much you think about it.)

FOR WOMEN: Have you had trouble having an orgasm for the past week? (When did that start?) Have you had your period in the last month or so? IF NOT: Do you know why not? IF YES: Was it especially heavy?

FOR MEN: have you had trouble with premature ejaculation in the past week? How about trouble keeping an erection? (When did that start?)

In the past week has your mouth been dry? Have you had flushing in your face, or have you been pale? Have you felt lightheaded, or had any tension headaches? How about feeling the hair rise on your arms, the back of your neck or your head? Have you tended to sweat a lot in the past week? FOR EACH SX: How bad has that been?

GASTROINTESTINAL SYMPTOMS

(Difficulty in swallowing, wind, abdominal pain, burning sensations, abdominal fullness, nausea, borborygmi, looseness of bowels, loss of weight, constipation):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

GENOTOURLINARY SYMPTOMS (Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

AUTONOMIC SYMPTOMS (Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair):

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

RATING BASED ON OBSERVATION

BEHAVIOR AT INTERVIEW (Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration facial pallor, swallowing, belching, brisk tendon jerks, dilated pupils, exophthalmos, etc).

- 0- Not present
- 1- Mild
- 2- Moderate
- 3- Severe
- 4- Very Severe

TOTAL 14 ITEM HAM-A SCORE = _____