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| Method | Description | Advantages | Disadvantages |
| Hamilton Anxiety Rating Scale  (HAM-A) | The HAM-A assesses the severity of symptoms of anxiety. It consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56. | It provides a comprehensive assessment of anxiety symptoms. It is widely used in both clinical and research settings. | It requires a trained clinician to administer and interpret. |
| State-Trait Anxiety Inventory  (STAI) | The STAI includes state anxiety items like “I am tense; I am worried” and “I feel calm; I feel secure.” Trait anxiety items include “I worry too much over something that really doesn’t matter” and “I am content; I am a steady person.” All items are rated on a 4-point scale (e.g., from “Almost Never” to “Almost Always”). Higher scores indicate greater anxiety. | It distinguishes between the temporary condition of “state anxiety” and the more general and long-standing quality of “trait anxiety”. It helps in understanding how an individual’s personality and coping mechanisms can affect their experience of anxiety. | It is self-reported, so it may be influenced by the individual’s current state or willingness to accurately report their feelings. |
| Beck Anxiety Inventory (BAI) | The BAI contains 21 questions, each answer being scored on a scale value of 0 (not at all) to 3 (severely). Higher total scores indicate more severe anxiety symptoms. | It is quick and easy to administer. It focuses on somatic symptoms of anxiety, which can be useful in differentiating anxiety from depression. | It may not be as effective in individuals who do not experience somatic symptoms. It may also be influenced by the individual’s willingness to accurately report their feelings. |
| DASS-21  (Depression Anxiety Stress Scale-21) | The DASS-21 is a short version of a 42-item self-report instrument designed to measure three related negative emotional states: depression, anxiety and tension/stress. | The DASS-21 had good internal reliability (Cronbach’s alpha), and its ordinal alpha demonstrated good internal reliability for all its sub-scales4. Only the DASS-D and EPDS demonstrated a satisfactory ability to discriminate cases from non-cases4. | Information not found. |
| General anxiety disorder  (GAD-7) | The GAD-7 is a self-reported questionnaire for screening and severity measuring of generalized anxiety disorder (GAD). The GAD-7 is normally used in outpatient and primary care settings for referral to a psychiatrist pending outcome1. | It’s free to use, available in several languages, relatively brief, and easy to score, and correlations with other psychiatric instruments support the reliability and validity of the GAD-72. | The GAD-7 provides only probable diagnoses that should be confirmed by further evaluation2. |
| EDA (Electrodermal Activity) | EDA measures changes in perspiration by detecting the changes in the electrical conductivity of the skin. Under stress conditions, there are notable changes in physiological signals such as perspiration. EDA can identify stress and, by extension, anxiety. | EDA reflects the output of integrated attentional, affective and motivational processes within the central nervous system acting on the body. It is a valuable tool in behavioural medicine as a biomarker of individual characteristics of emotional responsiveness. EDA biofeedback has been studied as a treatment tool for anxiety states and stress-sensitive physical disorders. | The main disadvantage of EDA recording is poor spatial resolution. The EEG signal is not useful for pinpointing the exact source of activity. |
| ECG (Electrocardiogram) | ECG monitors heart rate and rhythm. Anxiety can cause changes in heart rate, and ECG can help detect these changes. It can also help differentiate between anxiety-related heart rate changes and those caused by other medical conditions. | ECG is helpful to measure three basic parameters of clinical interest viz. rhythm and heart rate, axis of the heart, and state of myocardial muscle. ECG represents data in the topographic form which provides higher diagnostical information. | ECG monitoring should document symptoms such as syncope and palpitations, but 24 hours is often too short a period, therefore other devices have been introduced. |
| EEG (Electroencephalography) | EEG monitors brain activity. Anxiety disorders are associated with certain patterns of brain activity, which can be detected using EEG. This method can help identify anxiety by monitoring arousal-related brain activity. | EEG is a functionally fast, relatively cheap, and safe way of checking the functioning of different areas of the brain. High-precision time measurements can be achieved. | The main disadvantage of EEG recording is poor spatial resolution. |
| RSP (Respiration) | Changes in respiration rates and patterns can be indicative of anxiety. Monitoring respiration can help detect these changes and provide data for anxiety detection. | RSP can provide continuous monitoring. | Information not found. |
| ST (Skin Temperature) | Anxiety can cause changes in blood flow, which can affect skin temperature. Monitoring skin temperature can help detect these changes. | Information not found. | Information not found. |
| PPG (Photoplethysmogram) | PPG monitors blood volume changes in the microvascular bed of tissue, which can be affected by anxiety. It’s a non-invasive method that involves neurocognitive training through a brain–computer interface. | PPG is simple, reliable, and inexpensive. It can easily be integrated into wearable healthcare devices for various health-related measurements such as pulse rate (or heart rate), blood flow, Heart Rate Variability (HRV), etc. | PPG sensors lack accuracy. They can’t show anomalies in the heart because these detectors are not fixed in that area and work on a different principle. |