

THE HAMILTON RATING SCALE FOR DEPRESSION

(to be administered by a health care professional - the higher the score, the more severe the depression)

PATIENT NAME

DATE

1. DEPRESSED MOOD (Sadness, hopeless, helpless, worthless)

0 = Absent

1 = These feeling states indicated only on questioning

2 = These feeling states spontaneously reported verbally

3 = Communicates feeling states non-verbally - i.e. through facial expression, posture, voice, and tendency to weep

4 = Patient reports VIRTUALLY ONLY these feeling states in his spontaneous verbal and non-verbal communication

Enter Value

0

2. FEELINGS OF GUILT

0 = Absent

1 = Self reproach, feels he/she has let people down

2 = Ideas of guilt or rumination over past errors or sinful deeds

3 = Present illness is a punishment. Delusions of guilt

4 = Hears accusatory or denunciatory voices and/or expressions threatening visual hallucinations

Enter Value

0

3. SUICIDE

0 = Absent

1 = Feels like is not worth living

2 = Wishes he/she were dead or any thoughts of possible death to self

3 = Suicidal ideas or creatures

4 = Attempts at suicide (any serious attempt rate 4)

Enter Value

0

4; INSOMNIA (EARLY)

0 = No difficulty falling asleep

1 = Complains of occasional difficulty falling asleep - ie, more than 1/2 hour

2 = Complains of nightly difficulty falling asleep

Enter Value

0

5. INSOMNIA (MIDDLE)

0 = No Difficulty

1 = Patient complains of being restless and disturbed during the night

2 = Waking during the night - any getting out of bed rates 2 (except for voiding)

Enter Value

0

6. INSOMNIA (LATE)

0 = No difficulty

1 = Waking in early hours of the morning but goes back to sleep

2 = Unable to fall asleep again if he/she gets out of bed

Enter Value

0

7. WORK AND ACTIVITIES

0 = No Difficulty

1 = Thoughts and feelings of incapacity, fatigue or weakness related to activities; work or hobbies

2 = Loss of interest in activity; hobbies or work - either directly reported by patient or indirect in listlessness, indecision and vacillation (feels he/she has to push self to work or activities)

3 = Decrease in actual time spent in activities or decrease in productivity

4 = Stopped working because of present illness

Enter Value

0

8. RETARDATION: PSYCHOMOTOR (Slowness of thought and speech; impaired ability to concentrate; decreased motor activity)

0 = Normal Speech and thought

1 = Slight retardation at interview

2 = Obvious retardation at interview

3 = Interview Difficult

4 = Complete stupor

Enter Value

0

9. AGITATION

0 = None

1 = Fidgetiness

2 = Playing with hands, hair, etc

3 = Moving about, can't sit still

4 = Hand wringing, nail biting, hair-pulling, biting lips

Enter Value

0

10. ANXIETY (PSYCHOLOGICAL)

0 = No difficulty

1 = Subjective tension and irritability

2 = Worrying about minor matters

3 = Apprehensive attitude apparent in face or speech

4 = Fears expressed without questioning

Enter Value

0

11. ANXIETY (SOMATIC) Physiological concomitants of anxiety, i.e. effects of autonomic overactivity, "butterflies", indigestion, stomach cramps, belching, diarrhea, palpitations, hyperventilation, paresthesia, sweating, flushing tremor, headache, urinary frequency). Avoid asking about possible medication side effects (i.e. dry mouth, constipation)

0 = Absent

1 = Mild

2 = Moderate

3 = Severe

4 = Incapacitating

Enter Value

0

12. SOMATIC SYMPTOMS (GASTROINTESTINAL)

0 = None

1 = Loss of appetite but eating without encouragement from others. Food intake about normal

2 = Difficulty eating without urging from others. Marked reduction of appetite and food intake

Enter Value

0

13. SOMATIC SYMPTOMS GENERAL

0 = None

1 = Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability

2 = Any clear-cut symptoms rates 2

Enter Value

0

14. GENITAL SYMPTOMS (Symptoms such as: loss of libido, impaired sexual performance; menstrual disturbances)

0 = Absent

1 = Mild

2 = Severe

Enter Value

0

15. HYPOCHONDRIASIS

0 = Not present

1 = Self--absorption (bodily)

2 = Preoccupation with health

3 = Frequent complaints, requests for help, etc.

4 = Hypochondriacal delusions

Enter Value

0

16. LOSS OF WEIGHT (When rating by history)

0 = No weight loss

1 = Probable weight loss associated with present illness

2 = Definite (according to patient) weight loss

3 = Not assessed

Enter Value

0

17. INSIGHT

0 = Acknowledges being depressed and ill

1 = Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.

2 = Denies being ill at all

Enter Value

0

18. PARANOID SYMPTOMS

0 = None

1 = Suspicious

2 = Ideas of reference

3 Delusions of reference and persecution

Enter Value

0

19. DIURNAL VARIATION

A. Note when symptoms are worse in morning or evening. Mark "None" if no diurnal variation

- 0 = No variation
- 1 = Worse in A.M.
- 2 = Worse in P.M.

B. When present, Mark the severity of the variation. Mark "None" if no diurnal variation

- 0 = None
- 1 = Mild
- 2 = Severe

Enter Value **0**

20. DEPERSONALIZATION AND DEREALIZATION (Such as feelings of unreality; nihilistic ideas)

- 0 = Absent
- 1 = Mild
- 2 = Moderate
- 3 = Severe
- 4 = Incapacitating

Enter Value **0**

21. OBSESSIONAL AND COMPULSIVE SYMPTOMS

- 0 = Absent
- 1 = Mild
- 2 = Severe

Enter Value **0**

TOTAL SCORE **0**

- 0-6 = Normal
- 7-17 = Mild
- 18-24 = Moderate
- >25 = Severe