

HAMILTON DEPRESSION RATING SCALE (HAM-D17)

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/her spontaneous verbal and non-verbal communication.

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 experiences threatening visual hallucinations.

3 SUICIDE

- 0 Absent.
 1 Feels life is not worth living.
 2 Wishes he/she were dead or any thoughts of possible death to self.
 3 Ideas or gestures of suicide.
 4 Attempts at suicide (any serious attempt rate 4).

4 INSOMNIA: EARLY IN THE NIGHT

- 0 No difficulty falling asleep.
 1 Complains of occasional difficulty falling asleep, i.e. more than 1/2 hour.
 2 Complains of nightly difficulty falling asleep.

5 INSOMNIA: MIDDLE OF THE NIGHT

- 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 purposes of voiding).

6 INSOMNIA: EARLY HOURS OF THE MORNING

- 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.

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 the 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. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.
 4 Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.

8 RETARDATION (*slowness of thought and speech, impaired ability to concentrate, decreased motor activity*)

- 0 Normal speech and thought.
 1 Slight retardation during the interview.
 2 Obvious retardation during the interview.
 3 Interview difficult.
 4 Complete stupor.

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 of lips.

10 ANXIETY PSYCHIC

- 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.

11 ANXIETY SOMATIC (physiological concomitants of anxiety) such as:

gastro-intestinal – dry mouth, wind, indigestion, diarrhea, cramps, belching

cardio-vascular – palpitations, headaches

respiratory – hyperventilation, sighing

urinary frequency

sweating

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

12 SOMATIC SYMPTOMS GASTRO-INTESTINAL

- 0 None.
 1 Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen.
 2 Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for gastro-intestinal symptoms.

13 GENERAL SOMATIC SYMPTOMS

- 0 None.
 1 Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability.
 2 Any clear-cut symptom rates 2.

14 GENITAL SYMPTOMS (symptoms such as loss of libido, menstrual disturbances)

- 0 Absent.
 1 Mild.
 2 Severe.

15 HYPOCHONDRIASIS

- 0 Not present.
 1 Self-absorption (bodily).
 2 Preoccupation with health.
 3 Frequent complaints, requests for help, etc.
 4 Hypochondriacal delusions.

16 LOSS OF WEIGHT (RATE EITHER a OR b)

- | a) According to the patient: | b) According to weekly measurements: |
|--|---|
| 0 <input type="checkbox"/> No weight loss. | 0 <input type="checkbox"/> Less than 1 lb weight loss in week. |
| 1 <input type="checkbox"/> Probable weight loss associated with present illness. | 1 <input type="checkbox"/> Greater than 1 lb weight loss in week. |
| 2 <input type="checkbox"/> Definite (according to patient) weight loss. | 2 <input type="checkbox"/> Greater than 2 lb weight loss in week. |

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.

Total score:

Ratings should be based upon symptoms over the past one week.

Ratings should be based on a clinical interview, supplemented, where necessary, by collateral history from caregivers.