

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 were dead or any thoughts of possible death to self
- 3 - Suicidal ideas or gesture
- 4 - Attempts at suicide (any serious attempt rates 4)

4. Insomnia - early in the night

- 0 - No difficulty falling asleep
- 1 - Complains of occasional difficulty falling asleep, i.e. more than ½ 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 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

8. Retardation (*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

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*) e.g.

gastrointestinal - dry mouth, wind, indigestion, diarrhoea, cramps, belching
cardiovascular - palpitations, headaches
respiratory - hyperventilation, sighing
urinary frequency
sweating

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

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.

13. Somatic symptoms - general

- 0 - None
- 1 - Heaviness in limbs, back or head. Backaches, headaches or 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 - No weight loss | 0 - less than 0.5kg loss in week |
| 1 - Probable weight loss associated with present illness | 1 - greater than 0.5kg loss in week |
| 2 - Definite (according to patient) weight loss | 2 - greater than 1kg 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 _____ / 52

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.

Hamilton, M. (1960). A rating scale for depression. *Journal of Neurology, Neurosurgery, and Psychiatry*, 23(1), 56–62. <https://doi.org/10.1136/jnnp.23.1.56>

YOUNG MANIA RATING SCALE (YMRS)

1. *Elevated Mood*

- 0 - Absent
- 1 - Mildly or possibly increased on questioning
- 2 - Definite subjective elevation; optimistic, self-confident; cheerful; appropriate content
- 3 - Elevated, inappropriate to content; humorous
- 4 - Euphoric; inappropriate to content; singing

2. *Increased Motor Activity – Energy*

- 0 - Absent
- 1 - Subjectively increased
- 2 - Animated; gestures increased
- 3 - Excessive energy; hyperactive at times; restless (can be calmed)
- 4 - Motor excitement; continuous hyperactivity (cannot be calmed)

3. *Sexual Interest*

- 0 - Normal; not increased
- 1 - Mildly or possibly increased
- 2 - Definitive subjective increase on questioning
- 3 - Spontaneous sexual content; elaborates on sexual matters; hypersexual by self-report
- 4 - Overt sexual acts (towards patients, staff, or interviewer)

4. *Sleep*

- 0 - Reports no decrease in sleep
- 1 - Sleeping less than normal amount by up to one hour
- 2 - Sleeping less than normal by more than one hour
- 3 - Reports decreased need for sleep
- 4 - Denies need for sleep

5. *Irritability*

- 0 - Absent
- 2 - Subjectively increased
- 4 - Irritable at times during interview; recent episodes of anger or annoyance on ward
- 6 - Frequently irritable during interview; short, curt throughout
- 8 - Hostile, uncooperative; interview impossible

6. *Speech (Rate and Amount)*

- 0 - No increase
- 2 - Feels talkative
- 4 - Increased rate or amount at times, verbose at times
- 6 - Push; consistently increased rate and amount; difficult to interrupt
- 8 - Pressured; uninterruptible, continuous speech

7. *Language – Thought Disorder*

- 0 - Absent
- 1 - Circumstantial; mild distractibility; quick thoughts
- 2 - Distractible; loses goal of thought; changes topics frequently; racing thoughts
- 3 - Flight of ideas; tangentiality; difficult to follow; rhyming; echolalia
- 4 - Incoherent; communication impossible

8. *Content*

- 0 - Normal
- 2 - Questionable plans, new interests
- 4 - Special project(s); hyper-religious
- 6 - Grandiose or paranoid ideas; ideas of reference
- 8 - Delusions; hallucinations

9. *Disruptive – Aggressive Behaviour*

- 0 - Absent; cooperative
- 2 - Sarcastic; loud at times; guarded
- 4 - Demanding; threats on ward
- 6 - Threatens interviewer; shouting; interview difficult
- 8 - Assaultive; destructive; interview impossible

10. *Appearance*

- 0 - Appropriate dress and grooming
- 1 - Minimally unkempt
- 2 - Poorly groomed; moderately dishevelled; overdressed
- 3 - Dishevelled; partly clothed; garish makeup
- 4 - Completely unkempt; decorated; bizarre garb

11. *Insight*

- 0 - Present; admits illness; agrees with need for treatment
- 1 - Possibly ill
- 2 - Admits behaviour change, but denies illness
- 3 - Admits possible change in behaviour, but denies illness
- 4 - Denies any behaviour changes

TOTAL SCORE _____ **/ 60**

Where several clinical features are listed for a particular grade of severity, the presence of only one is required to qualify for that rating.

Intermediate scores may be used, e.g. 1, 3, 5 or 7 on the 8-point items or ½ points on the 4-point items.

Ratings should be based upon symptoms over the past 48 hours.

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

Young RC et al (1978) A rating scale for mania: reliability, validity and sensitivity. *B J Psychiatry*, 133, 429–435. <https://doi.org/10.1192/bjp.133.5.429>

BRIEF PSYCHIATRIC RATING SCALE (BPRS)

0 = not assessed, 1 = not present, 2 = very mild, 3 = mild, 4 = moderate, 5 = moderately severe, 6 = severe, 7 = extremely severe

1. SOMATIC CONCERN Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not. SCORE 	10. HOSTILITY Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety, nor somatic complaints. (<i>Rate attitude toward interviewer under "uncooperativeness"</i>). SCORE
2. ANXIETY Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms. SCORE 	11. SUSPICIOUSNESS Brief (<i>delusional or otherwise</i>) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances. SCORE
3. EMOTIONAL WITHDRAWAL Deficiency in relating to the interviewer and to the interviewer situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation. SCORE 	12. HALLUCINATORY BEHAVIOR Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people. SCORE
4. CONCEPTUAL DISORGANIZATION Degree to which the thought processes are confused, disconnected, or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning. SCORE 	13. MOTOR RETARDATION Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on the basis of patient's subjective impression of own energy level. SCORE
5. GUILT FEELINGS Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses. SCORE 	14. UNCOOPERATIVENESS Evidence of resistance, unfriendliness, resentment, and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation. SCORE
6. TENSION Physical and motor manifestations of tension "nervousness", and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient. SCORE 	15. UNUSUAL THOUGHT CONTENT Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes. SCORE
7. MANNERISMS AND POSTURING Unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here. SCORE 	16. BLUNTED AFFECT Reduced emotional tone, apparent lack of normal feeling or involvement. SCORE
8. GRANDIOSITY Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation. SCORE 	17. EXCITEMENT Heightened emotional tone, agitation, increased reactivity. SCORE
9. DEPRESSIVE MOOD Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints. SCORE 	18. DISORIENTATION Confusion or lack of proper association for person, place or time. SCORE

TOTAL SCORE / 126

There is no specific timescale over which to base the rating of recent symptoms.

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

BUSH-FRANCIS CATATONIA RATING SCALE (BFCRS)

1. Excitement

Extreme hyperactivity, constant motor unrest which is apparently non-purposeful. Not to be attributed to akathisia or goal-directed agitation.

- 0 - Absent
- 1 - Excessive motion, intermittent
- 2 - Constant motion, hyperkinetic without rest periods
- 3 - Full-blown catatonic excitement, endless frenzied motor activity

2. Immobility/Stupor

Extreme hypoactivity, immobile, minimally responsive to stimuli.

- 0 - Absent
- 1 - Sits abnormally still, may interact briefly
- 2 - Virtually no interaction with external world
- 3 - Stuporous, non-reactive to painful stimuli

3. Mutism

Verbally unresponsive or minimally responsive.

- 0 - Absent
- 1 - Verbally unresponsive to majority of questions; incomprehensible whisper
- 2 - Speaks less than 20 words/5 minutes
- 3 - No speech

4. Staring

Fixed gaze, little or no visual scanning of environment, decreased blinking.

- 0 - Absent
- 1 - Poor eye contact, repeatedly gazes less than 20 sec between shifting of attention; decreased blinking
- 2 - Gaze held longer than 20 sec, occasionally shifts attention
- 3 - Fixed gaze, non-reactive

5. Posturing/Catalepsy

Spontaneous maintenance of posture(s), including mundane (e.g., sitting/standing for long periods without reacting).

- 0 - Absent
- 1 - Less than one minute
- 2 - Greater than one minute, less than 15 minutes
- 3 - Bizarre posture, or mundane maintained more than 15 min

6. Grimacing

Maintenance of odd facial expressions.

- 0 - Absent
- 1 - Less than 10 sec
- 2 - Less than 1 min
- 3 - Bizarre expression(s) or maintained more than 1 min

7. Echopraxia/Echolalia

Mimicking of examiner's movements/ speech.

- 0 - Absent
- 1 - Occasional
- 2 - Frequent
- 3 - Constant

8. Stereotypy

Repetitive, non-goal-directed motor activity (e.g. finger-play; repeatedly touching, patting or rubbing self); abnormality inherent in its frequency.

- 0 - Absent
- 1 - Occasional
- 2 - Frequent
- 3 - Constant

9. Mannerisms

Odd, purposeful movements (hopping, walking tiptoe, or exaggerated caricatures of mundane movements); abnormality inherent in act itself.

- 0 - Absent
- 1 - Occasional
- 2 - Frequent
- 3 - Constant

10. Verbigeration

Repetition of phrases or sentences (like a scratched record).

- 0 - Absent
- 1 - Occasional
- 2 - Frequent, difficult to interrupt
- 3 - Constant

11. Rigidity

Maintenance of a rigid position despite efforts to be moved, exclude if cogwheeling or tremor present.

- 0 - Absent
- 1 - Mild resistance
- 2 - Moderate
- 3 - Severe, cannot be re-postured.

12. Negativism

Apparently motiveless resistance to instructions or attempts to move/ examine patient. Contrary behaviour, does exact opposite of instruction.

- 0 - Absent
- 1 - Mild resistance and/or occasionally contrary
- 2 - Moderate resistance and/or frequently contrary
- 3 - Severe resistance and/or continually contrary

13. Waxy Flexibility

During re-posturing of patient, patient offers initial resistance before allowing himself to be repositioned, similar to that of a bending candle.

- 0 - Absent
- 3 - Present

14. Withdrawal

Refusal to eat, drink and/or make eye contact.

- 0 - Absent
- 1 - Minimal PO intake/ interaction for less than one day
- 2 - Minimal PO intake/ interaction for more than one day
- 3 - No PO intake/interaction for one day or more

15. Impulsivity

Patient suddenly engages in inappropriate behaviour (e.g. runs down hallway, starts screaming or takes off clothes) without provocation. Afterwards can give no, or only a facile explanation.

- 0 - Absent
- 1 - Occasional
- 2 - Frequent
- 3 - Constant or not redirectable

16. Automatic Obedience

Exaggerated cooperation with examiner's request or spontaneous continuation of movement requested.

- 0 - Absent
- 1 - Occasional
- 2 - Frequent
- 3 - Constant

17. Mitgehen

"Anglepoise lamp" arm raising in response to light pressure of finger, despite instructions to the contrary.

- 0 - Absent
- 3 - Present

18. Gegenhalten

Resistance to passive movement which is proportional to strength of the stimulus, appears automatic rather than wilful.

- 0 - Absent
- 3 - Present

19. Ambitendency

Patient appears motorically "stuck" in indecisive, hesitant movement.

- 0 - Absent
- 3 - Present

20. Grasp Reflex

As per neurological examination.

- 0 - Absent
- 3 - Present

21. Perseveration

Repeatedly returns to same topic or persists with movement.

- 0 - Absent
- 3 - Present

22. Combativeness

Usually in an undirected manner, with no, or facile, explanation afterwards.

- 0 - Absent
- 1 - Occasionally strikes out, low potential for injury
- 2 - Frequently strikes out, moderate potential for injury
- 3 - Serious danger to others

23. Autonomic Abnormality

Circle: temperature, BP, pulse, respiratory rate, diaphoresis.

- 0 - Absent
- 1 - Abnormality of one parameter [exclude pre-existing hypertension]
- 2 - Abnormality of 2 parameters
- 3 - Abnormality of 3 or more parameters

TOTAL SCORE _____ / 69

There is no specific timescale over which to base the rating of recent symptoms.

Ratings should be based on clinical observation, supplemented, as necessary, by collateral history from caregivers.

Bush G, Fink M, Petrides G, Dowling F, Francis A. (1996) Catatonia. I. Rating scale and standardized examination. *Acta Psychiatr Scand*, 93(2):129-36