

17-Item Hamilton Depression (HAM-D) Rating Scale

For each item, circle the correct number next to the item (only 1 response per item).

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|--|--|---|---|
| 1. DEPRESSED MOOD
Sadness, hopelessness, helplessness, sense of worthlessness. | | 6. INSOMNIA, DELAYED | |
| 0 | Absent | 0 | No difficulty |
| 1 | These feeling states indicated only on questioning | 1 | Waking in early hours of the morning but goes back to sleep |
| 2 | These feeling states spontaneously verbally reported | 2 | Unable to fall asleep again if gets out of bed |
| 3 | Communicates feeling states nonverbally, i.e., through facial expression, posture, voice, and tendency to weep | 7. WORK AND INTERESTS | |
| 4 | Patient reports VIRTUALLY ONLY these feeling states in his/her spontaneous verbal and nonverbal communication | 0 | No difficulty |
| 2. FEELINGS OF GUILT | | 1 | Thoughts and feelings of incapacity, fatigue, or weakness related to activities, work, or hobbies |
| 0 | Absent | 2 | Loss of interest in activity, hobbies, or work—either directly reported by patient or indirectly in listlessness, indecision, and vacillation (feels he/she has to push self to work or activities) |
| 1 | Self-reproach; feels he/she has let people down | 3 | Decrease in actual time spent in activities or decrease in productivity |
| 2 | Ideas of guilt or rumination over past errors or sinful deeds | 4 | Stopped working because of present illness |
| 3 | Present illness is a punishment; delusions of guilt | 8. RETARDATION (PSYCHOMOTOR)
Slowness of thought and speech; impaired ability to concentrate; decreased motor activity. | |
| 4 | Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations | 0 | Normal speech and thought |
| 3. SUICIDE | | 1 | Slight retardation at interview |
| 0 | Absent | 2 | Obvious retardation at interview |
| 1 | Feels life is not worth living | 3 | Interview difficult |
| 2 | Wishes he/she were dead or has thoughts of possible death | 4 | Complete stupor |
| 3 | Suicidal ideas or gestures | 9. AGITATION | |
| 4 | Attempts at suicide (any serious attempt rates 4) | 0 | None |
| 4. INSOMNIA, INITIAL | | 1 | Fidgetiness |
| 0 | No difficulty falling asleep | 2 | Playing with hands, hair, etc. |
| 1 | Complains of occasional difficulty falling asleep, i.e., more than 1/2 hour | 3 | Moving about, can't sit still |
| 2 | Complains of nightly difficulty falling asleep | 4 | Hand wringing, nail biting, hair pulling, biting of lips |
| 5. INSOMNIA, MIDDLE | | 10. ANXIETY (PSYCHOLOGICAL) | |
| 0 | No difficulty | 0 | No difficulty |
| 1 | Patient complains of being restless and disturbed during the night | 1 | Subjective tension and irritability |
| 2 | Waking during the night—any getting out of bed rates 2 (except for purposes of voiding) | 2 | Worrying about minor matters |
| | | 3 | Apprehensive attitude apparent in face or speech |
| | | 4 | Fears expressed without questioning |

HAM-D (cont'd)

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

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, muscle aches. Loss of energy and fatigability
- 2 Any clear-cut symptom rates 2

14. GENITAL SYMPTOMS

Loss of libido, impaired sexual performance, 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

When rating by history.

- 0 No weight loss
- 1 Probable weight loss associated with present illness
- 2 Definite weight loss (according to patient)
- 3 Not assessed

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 _____

17-Item Hamilton Rating Scale for Depression

Clinical ranges

Asymptomatic score of ≤ 7

Fully symptomatic score of ≥ 15