

Hamilton Rating Scale for Depression

Name: _____ Date: _____
DOB: _____ Height: _____ Weight: _____
Health Care Provider: _____ Phone: _____

Questions

1. Depressed Mood: Sadness, hopelessness, worthlessness

- Absent (0) Indicated upon questioning (1) Spontaneously reported (2)
 Feeling communicated nonverbally (3) Patient reports virtually only these feelings (4)

2. Feelings of Guilt

- Absent (0) Self-Reproach (1) Guilt over past errors, sins or deeds (2)
 Delusions of guilt (illness as punishment) (3) Experiences accusatory voices/hallucinations (4)

3. Suicide

- Absent (0) Feels life is not worth living (1) Wishes for death (2)
 Suicidal ideas or gestures (3) Attempts at suicide (4)

4. Insomnia Early

- No difficulty falling asleep (0) Occasional difficulty falling asleep (more than ½ hour) (1)
 Nightly difficulty falling asleep (2)

5. Insomnia Middle

- No difficulty falling asleep (0) Restless and disturbed throughout the night (1)
 Frequent waking during the night/getting out of bed (2)

6. Insomnia Late

- No difficulty falling asleep (0) Waking early but going back to sleep (1)
 Unable to go back to sleep if he/she gets out of bed (2)

7. Work and Activities

- No difficulty (0) Thoughts/feelings of incapacity/fatigue/weakness (1) Loss of interest (2)
 Decrease in time spent/productivity (3) Stopped working because of present illness (4)

8. Retardation: Psychomotor Slowness of thought and speech; impaired ability to concentrate

- Normal speech/thought (0) Slight retardation (1) Obvious retardation (2)
 Interview made difficult by retardation (3) Complete stupor (4)

9. Agitation

- None (0) Fidgetiness (1) Playing with hands, hair, etc. (2)
 Can't sit still (3) Hand-wringing, nail-biting, lip-chewing, hair-pulling, etc. (4)

10. Anxiety (Psychological)

- No difficulty (0) Subjective tension/irritability (1) Worrying about minor matters (2)
 Apprehensive attitude apparent in face/speech (3) Fears expressed without questioning (4)

11. Anxiety (Somatic) Concomitants of anxiety (indigestion, diarrhea, palpitations, headaches, sweating)

- Absent (0) Mild (1) Moderate (2)

Severe (3) Incapacitating (4)

12. Somatic Symptoms (Gastrointestinal)

None (0) Loss of appetite but food intake is normal (1)

Difficulty eating without urging from others. Marked reduction in food intake (2)

13. Somatic Symptoms (General)

None (0) Heaviness in limbs/back/head. Muscle aches, fatigue, loss of energy (1)

Any clear-cut symptom rates a 2 (2)

14. Genital Symptoms Loss of libido, impaired sexual performance, menstrual disturbances

Absent (0) Mild (1) Severe (2)

15. Hypochondriasis

Not present (0) Self-absorption (bodily) (1) Preoccupation with health (2)

Frequent complaints, requests for help (3) Hypochondriacal delusions (4)

16. Loss of Weight

No weight loss (0) Probably weight loss associated with illness (1) Definite weight loss (2)

Not assessed (3)

17. Insight

Acknowledges being ill/depressed (0) Acknowledges being ill but attributes it to other factors (1)

Denies being ill at all (3)

18. Diurnal Variation

No variation (0) Worse in the A.M. (1) Worse in the P.M. (2)

19. Depersonalization and Derealization Feelings of unreality, nihilistic ideas

Absent (0) Mild (1) Moderate (2) Severe (3) Incapacitating (4)

20. Paranoid Symptoms

None (0) Suspicious (1) Ideas of reference (2) Delusions of persecution (2)

21. Obsessional and Compulsive Symptoms

Absent (0) Mild (1) Severe (2)

Total HAM-D Score: _____

Signature

Date