N	а	m	e

Date_____

Hamilton Depression Rating Scale

	Depressed Mood (sadness, hopelessness, help-lessness, worthlessness) □ 0 = Absent □ 1 = These feeling states indicated only on questioning □ 2 = These feeling states spontaneously reported verbally □ 3 = Communicates feeling states nonverbally (i.e., facial expression, posture, voice, tendency to weep) □ 4 = Reports virtually only these feeling states in spontaneous verbal and nonverbal communication 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		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, hobbles or work—either directly reported by patient or indirectly in listlessness, indecision and vacillation (feels he/she has to push self to work or for activities) □ 3 = Decrease in actual time spent in activities or decrease in productivity □ 4 = Stopped working because of present illness 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
3.	3. Suicide		4 = Complete stupor
	□ 0 = Absent □ 1 = Feels life is not worth living □ 2 = Wishes he/she were dead or has any thoughts of possible death to self □ 3 = Suicidal ideas or gestures □ 4 = Attempts at suicide (any serious attempt rates "4")	i	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, lip biting
4.	Insomnia—Early □ 0 = No difficulty falling asleep □ 1 = Complains of occasional difficulty falling asleep (i.e., >1/2 hour) □ 2 = Complains of nightly difficulty falling asleep	10.	Anxiety—Psychic □ 0 = No difficulty □ 1 = Subjective tension and irritability □ 2 = Worries about minor matters □ 3 = Apprehensive attitude apparent in face or speech □ 4 = Fears expressed without questioning
5.	Insomnia—Middle		
	□ 0 = No difficulty □ 1 = Complains of being restless and disturbed during the night □ 2 = Wakes during the night—getting out of bed rates "2" (except for purposes of voiding)	. 11.	Anxiety—Somatic (physiological concomitants of anxiety such as gastrointestinal: dry mouth, flatulence, indigestion, diarrhea, cramps, belching; cardiovascular: palpitations, headaches; respiratory: hyperventilation, sighing; urinary
6.	Insomnia—Late		frequency; sweating) □ 0=Absent
	 □ 0 = No difficulty □ 1 = Wakes in early hours of the morning but falls back to sleep □ 2 = Unable to fall asleep again if he/she gets out of bed 		☐ 1 = Mild ☐ 2 = Moderate ☐ 3 = Severe ☐ 4 = Incapacitating
	Somatic Symptoms—Gastrointestinal □ 0 = None □ 1 = Loss of appetite, but eating; heavy feelings in abdomen □ 2 = Difficulty eating without urging; requests or requires laxatives or medication for bowels or medication for GI symptoms		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 Diurnal Variation
	Somatic Symptoms—General □ 0 = None □ 1 = Heaviness in limbs, back of head; backache, headache, muscle ache; loss of energy and fatigability		 □ 0 = No variation □ 1 = Mild: doubtful or slight variation □ 2 = Severe: clear or marked variation; if applicable, note whether symptoms are worse in AM □ or PM □
	☐ 2 = Any clear-cut symptoms rate "2"	19.	Depersonalization and Derealization
	Genital Symptoms (i.e., loss of libido, menstrual disturbances) □ 0 = Absent □ 1 = Mild □ 2 = Severe		(feelings of unreality, nihilistic ideas) □ 0 = Absent □ 1 = Mild □ 2 = Moderate □ 3 = Severe □ 4 = Incapacitating
15.	Hypochondriasis	20	Paranoid Symptoms
	☐ 0 = Not present ☐ 1 = Self-absorption (bodily) ☐ 2 = Preoccupation with health ☐ 3 = Frequent complaints, requests for help, etc. ☐ 4 = Hypochondriacal delusions		□ 0 = None □ 1 = Suspicious □ 2 = Ideas of reference □ 3 = Delusions of reference and persecution □ 4 = Paranoid hallucinations
16.	Weight Loss	21.	Obsessive/Compulsive Symptoms
	□ 0 = No weight loss □ 1 = Slight or doubtful weight loss □ 2 = Obvious or severe weight loss		□ 0 = Absent □ 1 = Mild □ 2 = Severe
		Tot	al HAM-D Score: