## HAMILTON DEPRESSION RATING SCALE (HAM-D)

(To be administered by a health care professional)			
Patient Na	ame	Today's Date	
	I-D is designed to rate the severity of depression in patiente first 17 answers.	ents. Althou	agh it contains 21 areas, calculate the patient's
1.	DEPRESSED MOOD  (Gloomy attitude, pessimism about the future, feeling of sadness, tendency to weep)  0 = Absent  1 = Sadness, etc.  2 = Occasional weeping  3 = Frequent weeping  4 = Extreme symptoms	_	INSOMNIA - Delayed  (Waking in early hours of the morning and unable to fall asleep again)  0 = Absent  1 = Occasional  2 = Frequent
2.	FEELINGS OF GUILT  0 = Absent  1 = Self-reproach, feels he/she has let people down  2 = Ideas of guilt  3 = Present illness is a punishment; delusions of guilt  4 = Hallucinations of guilt	7.	<ul> <li>WORK AND INTERESTS</li> <li>0 = No difficulty</li> <li>1 = Feelings of incapacity, listlessness, indecision and vacillation</li> <li>2 = Loss of interest in hobbies, decreased social activities</li> <li>3 = Productivity decreased</li> <li>4 = Unable to work. Stopped working because of present illness only. (Absence from work after treatment or recovery may rate a lower score).</li> </ul>
	SUICIDE  0 = Absent  1 = Feels life is not worth living  2 = Wishes he/she were dead  3 = Suicidal ideas or gestures  4 = Attempts at suicide	8.	RETARDATION (Slowness of thought, speech, and activity; apathy; stupor.) 0 = Absent 1 = Slight retardation at interview 2 = Obvious retardation at interview 3 = Interview difficult 4 = Complete stupor
4.	INSOMNIA - Initial (Difficulty in falling asleep) 0 = Absent 1 = Occasional 2 = Frequent	9.	AGITATION (Restlessness associated with anxiety.) 0 = Absent 1 = Occasional 2 = Frequent
5.	INSOMNIA - Middle (Complains of being restless and disturbed during the night. Waking during the night.) 0 = Absent 1 = Occasional 2 = Frequent	10.	ANXIETY - PSYCHIC  0 = No difficulty  1 = Tension and irritability  2 = Worrying about minor matters  3 = Apprehensive attitude  4 = Fears

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#### 11. ANXIETY - SOMATIC

Gastrointestinal, indigestion Cardiovascular, palpitation, Headaches Respiratory, Genito-urinary, etc.

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

#### 12. SOMATIC SYMPTOMS -**GASTROINTESTINAL**

(Loss of appetite, heavy feeling in abdomen; constipation)

- 0 = Absent
- 1 = Mild
- 2 = Severe

#### 13. SOMATIC SYMPTOMS - GENERAL

(Heaviness in limbs, back or head; diffuse backache; loss of energy and fatiguability)

- 0 = Absent
- 1 = Mild
- 2 = Severe

#### 14. GENITAL SYMPTOMS

(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 = Querulous attitude
- 4 = Hypochondriacal delusions

#### 16. WEIGHT LOSS

- 0 = No weight loss
- 1 = Slight
- 2 = Obvious or severe

#### 17. INSIGHT

(Insight must be interpreted in terms of patient's understanding and background.)

- 0 = No loss
- 1 = Partial or doubtfull loss
- 2 = Loss of insight

#### TOTAL ITEMS 1 TO 17:

- 0 7 = Normal
- 8 13 = Mild Depression
- 14-18 = Moderate Depression
- 19 22 = Severe Depression
- $\geq$ 23 = Very Severe Depression

#### 18. DIURNAL VARIATION

(Symptoms worse in morning or evening. Note which it is.)

- 0 = No variation
- 1 = Mild variation; AM ( ) PM ( )
- 2 =Severe variation; AM() PM()

#### 19. DEPERSONALIZATION AND DEREALIZATION

(feelings of unreality, nihilistic ideas)

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

#### **20. PARANOID SYMPTOMS**

(Not with a depressive quality)

- 0 = None
- 1 = Suspicious
- 2 = Ideas of reference
- 3 = Delusions of reference and persecution
- 4 = Hallucinations, persecutory

#### 21. OBSESSIONAL SYMPTOMS

(Obsessive thoughts and compulsions against which the patient struggles)

- 0 = Absent
- 1 = Mild
- 2 = Severe

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