

St. Clair County Community Mental Health Authority
Hamilton Depression Rating Scale (HAM-D)

Individual: _____ Case #: _____ Date: _____

1. DEPRESSED MOOD (SADNESS, HOPELESSNESS, 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., through facial expression, posture, voice and tendency to weep.
- 4 Patient reports virtually only these feeling states in his/her spontaneous verbal and nonverbal 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/she were dead or any thoughts of possible death to self.
- 3 Ideas or gestures of suicide.
- 4 Attempts at suicide (any serious attempt rate 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 the 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. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.
- 4 Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.

8. RETARDATION (slowness of thought and speech, impaired ability to concentrate, decreased motor activity)

- 0 Normal speech and thought.
- 1 Slight retardation during the interview.
- 2 Obvious retardation during the 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) such as:

Gastrointestinal – dry mouth, wind, indigestion, diarrhea, 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 staff encouragement. Heavy feelings in abdomen.
- 2 Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for gastrointestinal symptoms.

16. LOSS OF WEIGHT (rate either A or B)

A) According to the patient:

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

13. GENERAL SOMATIC SYMPTOMS

- 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 (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.

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.

B) According to weekly measurements:

- 0 Less than 1 lb weight loss in week.
- 1 Greater than 1 lb weight loss in week.
- 2 Greater than 2 lb weight loss in week.
- 3 Not assessed.

Total Score: _____ Completed by (Name): _____

Signature: _____ Date: _____