

Patient Name: _____

Date: _____

Hamilton Depression Rating Scale (HAM-D-17)

1. Depressed Mood (*sadness, hopeless, helpless, worthless*)

- 0 Absent.
1 These feeling states indicated only on questioning.
2 These feeling states spontaneously reported verbally.
3 Communicates feeling states non-verbally, 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 non-verbal 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

- 0 No difficulty falling asleep.
1 Complains of occasional difficulty falling asleep, i.e. more than 1/2 hour.
2 Complains of nightly difficulty falling asleep.

5. Insomnia Middle

- 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 Late

- 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 (hospital, job or hobbies) excluding ward chores.
4 Stopped working because of present illness. In hospital, rate 4 if patient engages in no activities except routine chores, or if patient fails to perform ward 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:

- Gastro-intestinal – *dry mouth, wind, indigestion, diarrhea, cramps, belching*
Cardio-vascular – *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 G.I. symptoms.

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

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.

16. Loss of Weight (Rate either A or B)

a) When rating by history:

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

b) On weekly ratings by ward psychiatrist, when actual weight changes are measured:

- 0 Less than 1 lb weight loss in week.
1 Greater than 1 lb weight loss
2 Greater than 2 lb weight loss in week.
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 _____

Rater's initials: _____

Reference: Hamilton M. A rating scale for depression. *J Neurol Neurosurg Psychiatry*. 1960;23:56–62.

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