

Hamilton Rating Scale for Depression (17-items)

Instructions: For each item select the "cue" which best characterizes the patient during the past week.

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 nonverbally, i.e., through facial expression, posture, voice and tendency to weep
 - 4 Patient reports VIRTUALLY ONLY these feeling states in his spontaneous verbal and nonverbal communication
2. **Feelings of Guilt**
 - 0 Absent
 - 1 Self-reproach, feels he 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 were dead or any thoughts of possible death to self
 - 3 Suicide ideas or gesture
 - 4 Attempts at suicide (any serious attempt rates 4)
4. **Insomnia - Early**
 - 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**
 - 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 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 patient, or indirect in listlessness, indecision and vacillation (feels he has to push self to work or activities)
 - 3 Decrease in actual time spent in activities or decrease in productivity. In hospital, rate 3 if patient does not spend at least three hours a day in activities (hospital job or hobbies) exclusive of ward chores.
 - 4 Stopped working because of present illness. In hospital, rate 4 if patient engages in no activities except ward 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 at interview
 - 2 Obvious retardation at interview
 - 3 Interview difficult
 - 4 Complete stupor
9. **Agitation**
 - 0 None
 - 1 "Playing with" hand, hair, etc.
 - 2 Hand-wringing, nail-biting, 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**
 - 0 Absent Physiological concomitants of anxiety such as:
 - 1 Mild Gastrointestinal - dry mouth, wind, indigestion,
 - 2 Moderate diarrhea, cramps, belching
 - 3 Severe Cardiovascular – palpitations, headaches
 - 4 Incapacitating Respiratory - hyperventilation, sighing
Urinary frequency
Sweating
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 medications for bowels or medication for G.I. symptoms.
13. **Somatic Symptoms - General**
 - 0 None
 - 1 Heaviness in limbs, back or head, backaches, headache, muscle aches, loss of energy and fatigability
 - 2 Any clear-cut symptom rates 2
14. **Genital Symptoms**

0 Absent	0 Not ascertained
1 Mild	Symptoms such as: loss of libido,
2 Severe	menstrual disturbances
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**

A. When Rating by History:	
0 No weight loss	
1 Probable weight loss associated with present illness	
2 Definite (according to patient) weight loss	
B. On Weekly Ratings by Ward Psychiatrist, When Actual Changes are Measured:	
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	
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: _____

Citation: Hamilton M: A rating scale for depression. *Journal of Neurology, Neurosurgery and Psychiatry* 23:56-62, 1960