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 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 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, inedience 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  Approphensive attitude apparent in face or speech
    4  Fears expressed without questioning

11. **Anxiety - Somatic**
    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 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
    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**
    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