
HAMILTON DEPRESSION RATING SCALE (HAM-D)

(To be administered by a health care professional)

Patient Name _____

Today's Date _____

The HAM-D is designed to rate the severity of depression in patients. Although it contains 21 areas, calculate the patient's score on the first 17 answers.

- 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
-

- 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
-

- 3. 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
-

- 4. INSOMNIA - Initial**
(Difficulty in falling asleep)
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
-

- 6. INSOMNIA - Delayed**
(Waking in early hours of the morning and unable to fall asleep again)
0 = Absent
1 = Occasional
2 = Frequent
-

- 7. WORK AND INTERESTS**
0 = No difficulty
1 = Feelings of incapacity, listlessness, indecision and vacillation
2 = Loss of interest in hobbies, decreased social activities
3 = Productivity decreased
4 = Unable to work. Stopped working because of present illness only. (Absence from work after treatment or recovery may rate a lower score).
-

- 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
-

- 9. AGITATION**
(Restlessness associated with anxiety.)
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
-

HAMILTON DEPRESSION RATING SCALE (HAM-D)

(To be administered by a health care professional)

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 fatigability)
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 doubtful 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
≥ 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. **OBSESSIVE SYMPTOMS**
(Obsessive thoughts and compulsions against which the patient struggles)
0 = Absent
1 = Mild
2 = Severe

END OF HAMILTON DEPRESSION SCALE

PRESS ENTER:

HAMILTON ANXIETY SCALE (HAM-A)

Patient Name _____

Today's Date _____

The Hamilton Anxiety Scale (HAM-A) is a rating scale developed to quantify the severity of anxiety symptomatology, often used in psychotropic drug evaluation. It consists of 14 items, each defined by a series of symptoms. Each item is rated on a 5-point scale, ranging from 0 (not present) to 4 (severe).

0 = Not present to 4 = Severe

Score _____

1. ANXIOUS MOOD

- Worries
- Anticipates worst

2. TENSION

- Startles
- Cries easily
- Restless
- Trembling

3. FEARS

- Fear of the dark
- Fear of strangers
- Fear of being alone
- Fear of animal

4. INSOMNIA

- Difficulty falling asleep or staying asleep
- Difficulty with Nightmares

5. INTELLECTUAL

- Poor concentration
- Memory Impairment

6. DEPRESSED MOOD

- Decreased interest in activities
- Anhedoni
- Insomnia

7. SOMATIC COMPLAINTS: MUSCULAR

- Muscle aches or pains
- Bruxism

8. SOMATIC COMPLAINTS: SENSORY

- Tinnitus
- Blurred vision

9. CARDIOVASCULAR SYMPTOMS

- Tachycardia
- Palpitations
- Chest Pain
- Sensation of feeling faint

10. RESPIRATORY SYMPTOMS

- Chest pressure
- Choking sensation
- Shortness of Breath

11. GASTROINTESTINAL SYMPTOMS

- Dysphagia
- Nausea or Vomiting
- Constipation
- Weight loss
- Abdominal fullness

12. GENITOURINARY SYMPTOMS

- Urinary frequency or urgency
- Dysmenorrhea
- Impotence

13. AUTONOMIC SYMPTOMS

- Dry Mouth
- Flushing
- Pallor
- Sweating

14. BEHAVIOR AT INTERVIEW

- Fidgets
- Tremor
- Paces

PRESS ENTER:

END HAMILTON ANXIETY SCALE

**SEMI-STRUCTURED INTERVIEW GUIDE FOR THE
INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY(CLINICIAN-RATED) (IDS-C)**

PATIENT NAME: _____

DATE: _____

INTERVIEWER: _____

SCORE: _____

“I would like to ask you some questions about how you have been feeling over the past 7 days. In answering these questions, it may help you to compare the last week to a time when you were feeling okay, more like your normal self.”

Patients with chronic symptoms may not be able to identify a period of normalcy or may report that “depressed” is their usual state. However, depression should not be rated as “normal” (i.e., a rating of “0”) in these cases.

In making each rating, consider the frequency, duration, and intensity/severity of the symptom. The degree of functional impairment caused by the symptom may be important in the ratings of some, but not all symptoms.

1. How have you been sleeping in the past week? Have you had any trouble falling asleep when you go to bed? Right after you go to bed, how long does it take you to fall asleep? How many days in the past week have you had trouble falling asleep?

1. Sleep Onset Insomnia:

- 0 Never takes longer than 30 minutes to fall asleep.
- 1 Takes at least 30 minutes to fall asleep, less than half the time.
- 2 Takes at least 30 minutes to fall asleep, more than half the time.
- 3 Takes more than 60 minutes to fall asleep, more than half the time.

2. During the past week, have you been waking in the middle of the night? How long do you stay awake? Do you get out of bed? **(IF NO INSOMNIA)**, Has your sleep has been restless or disturbed some nights?

2. Mid-Nocturnal Insomnia:

- 0 Does not wake up at night.
- 1 Restless, light sleep with few awakenings.
- 2 Wakes up at least once a night, but goes back to sleep easily.
- 3 Awakens more than once a night and stays awake for 20 minutes or more, more than half the time.

3. What time have you been waking up in the past week? With or without an alarm? Is this earlier than is normal for you? How many days in the past week? Are you able to go back to sleep?

3. Early Morning Insomnia:

- 0 Less than half the time, awakens no more than 30 minutes before necessary.
- 1 More than half the time, awakens more than 30 minutes before need be.
- 2 Awakens at least one hour before need be, more than half the time.
- 3 Awakens at least two hours before need be, more than half the time.

4. How many hours on average have you been sleeping in a 24-hour period in the past week, including naps? What is the longest you've slept in a 24-hour period last week?

4. Hypersomnia:

- 0 Sleeps no longer than 7-8 hours/night, without naps.
- 1 Sleeps no longer than 10 hours in a 24 hour period (include naps).
- 2 Sleeps no longer than 12 hours in a 24 hour period (include naps).
- 3 Sleeps longer than 12 hours in a 24 hour period (include naps).

5. How would you describe your mood in the past week? Have you been feeling down, blue, sad or depressed? In the past week, how much of the time have you felt _____? All day? Everyday?

5. Mood (Sad):

- 0 Does not feel sad.
- 1 Feels sad less than half the time.
- 2 Feels sad more than half the time.
- 3 Feels intensely sad virtually all of the time.

6. Have you felt irritable in the past week? Have you found yourself becoming more easily angered or irritated by others? How much of the time in this past week?

6. Mood (Irritable):

- 0 Does not feel irritable.
- 1 Feels irritable less than half the time.
- 2 Feels irritable more than half the time.
- 3 Feels extremely irritable virtually all of the time.

7. Have you been feeling especially anxious, nervous or on edge in the past week? How much of the time?

7. Mood (Anxious):

- 0 Does not feel anxious or tense.
- 1 Feels anxious/tense less than half the time.
- 2 Feels anxious/tense more than half the time.
- 3 Feels extremely anxious/tense virtually all of the time.

8. In the past week, when something good, even small things have happened, did your mood brighten up? How long did this brightened mood last? Were there things that occurred that should have brightened your mood but did not?

8. Reactivity of Mood:

- 0 Mood brightens to normal level and lasts several hours when good events occur.
- 1 Mood brightens but does not feel like normal self when good events occur.
- 2 Mood brightens only somewhat with few selected, extremely desired events.
- 3 Mood does not brighten at all, even when very good or desired events occur.

9. In the past week, have you noticed feeling worse at any particular time of the day—such as in the morning or evening? **(IF YES)**, is this related to any particular events(s)? How much worse do you feel—a little bit or a lot? Even on weekends?

9. Mood Variation:

- 0 Notes no regular relationship between mood and time of day.
- 1 Mood often relates to time of day due to environmental circumstances.
- 2 For most of week, mood appears more related to time of day than to events.
- 3 Mood is clearly, predictably, better or worse at a fixed time each day.

- 9A. Is mood typically worse in MORNING, AFTERNOON, or NIGHT **(CIRCLE ONE)**.
- 9B. Is mood variation attributed to environment by the patient? YES or NO **(CIRCLE ONE)**.

10. Have you experienced grief or loss in your life, like the death of a close friend or relative (or pet, lost an important job, moved)? Do you remember how you felt? Has your mood this week felt at all like grief? **(IF NO)**, How is it different?

10. Quality of Mood:

- 0 Mood is virtually identical to feelings associated with bereavement or is undisturbed.
- 1 Mood is largely like sadness in bereavement, although it may lack explanation, be associated with more anxiety, or be much more intense.
- 2 Less than half the time, mood is qualitatively distinct from grief and therefore difficult to explain to others.
- 3 Mood is qualitatively distinct from grief nearly all of the time.

COMPLETE EITHER 11 OR 12 (NOT BOTH)

11. How has your appetite been this past week? Have you had to force yourself to eat? Have others urged or reminded you to eat?

11. Appetite (Decreased):

- 0 No change from usual appetite.
- 1 Eats somewhat less often and/or lesser amounts than usual.
- 2 Eats much less than usual and only with personal effort.
- 3 Eats rarely within a 24-hour period, and only with extreme personal effort or with persuasion by others.

12. Have you found yourself eating more than usual? Have you felt driven to eat? Have you had eating binges?

12. Appetite (Increased):

- 0 No change from usual appetite.
- 1 More frequently feels a need to eat than usual.
- 2 Regularly eats more often and/or greater amounts than usual.
- 3 Feels driven to overeat at and between meals.

COMPLETE EITHER 13 OR 14 (NOT BOTH)

13. Have you noticed any change in your weight? Are your clothes fitting differently than usual? How much has your weight changed in the past 2 weeks?

13. Weight (Decrease) Within The Last Two Weeks:

- 0 Has experienced no weight change.
- 1 Feels as if some slight weight loss occurred.
- 2 Has lost 2 pounds or more.
- 3 Has lost 5 pounds or more.

14. Weight (Increase) Within the Last Two Weeks:

- 0 Has experienced no weight change.
- 1 Feels as if some slight weight gain has occurred.
- 2 Has gained 2 pounds or more.
- 3 Has gained 5 pounds or more.

15. How has your concentration been in the past week? Were you able to focus on what you were doing (like reading or watching TV)? Did you notice that minor decisions were more difficult to make than usual (what to wear, eat, watch on TV)?

15. Concentration/Decision Making:

- 0 No change in usual capacity to concentrate and decide.
- 1 Occasionally feels indecisive or notes that attention often wanders.
- 2 Most of the time struggles to focus attention or make decisions.
- 3 Cannot concentrate well enough to read or cannot make even minor decisions.

16. In the past week, how have you felt about yourself? Have you been down on yourself in the past week? More than is normal for you? Have you been feeling guilty? Do you feel like you're being punished? Have you noticed your self-esteem has been down in the past week? How would you rate your worth as a person compared to others?

16. Outlook (Self):

- 0 Sees self as equally worthwhile and deserving as others.
- 1 Is more self-blaming than usual.
- 2 Largely believes that he/she causes problems for others.
- 3 Ruminates over major and minor defects in self.

17. How have you been feeling about the future? (optimistic/pessimistic) Do you feel better with encouragement/reassurance from others? Do you feel things will get better, improve, work out?

17. Outlook (Future):

- 0 Views future with usual optimism.
- 1 Occasionally has pessimistic outlook that can be dispelled by others or events.
- 2 Largely pessimistic for the near future.
- 3 Sees no hope for self/situation anytime in the future.

18. In the past week, have you felt that life was not worth living? Do you have thoughts of death or suicide? How often do these thoughts come? How long do they stay? What have you thought about? Have you thought of a plan in the last week? Have you done anything to hurt yourself?

18. Suicidal Ideation:

- 0 Does not think of suicide or death.
- 1 Feels life is empty or is not worth living.
- 2 Thinks of suicide/death several times a week for several minutes.
- 3 Thinks of suicide/death several times a day in depth, or has made specific plans, or attempted suicide.

19. How have you been spending your time this last week (when not at home)? Is that normal for you? Have you stopped doing anything you used to do? How would you describe your level of interest and motivation to complete daily activities? Do you feel you have to push yourself? Is there anything you look forward to or still enjoy?

19. Involvement:

- 0 No change from usual level of interest in other people and activities.
- 1 Notices a reduction in former interests/activities.
- 2 Finds only one or two former interests remain.
- 3 Has virtually no interest in formerly pursued activities.

20. How has your energy been this past week? Have you noticed that you tire more easily than you used to? Have you been tired all the time?

20. Energy/Fatiguability:

- 0 No change in usual level of energy.
- 1 Tires more easily than usual.
- 2 Makes significant personal effort to initiate or maintain usual daily activities.
- 3 Unable to carry out most of usual daily activities due to lack of energy.

21. Have you had any fun this past week? Has there been anything you enjoyed (meal, movie, spending time with friends)? **(IF YES)**, was the enjoyment you experienced at a normal level for you? **(IF NO)**, if you had a chance to have fun, do you think that you would enjoy yourself?

21. Pleasure/Enjoyment (exclude sexual activities):

- 0 Participates in and derives usual sense of enjoyment from pleasurable activities.
- 1 Does not feel usual enjoyment from pleasurable activities.
- 2 Rarely derives pleasure from any activities.
- 3 Is unable to register any sense of pleasure/enjoyment from anything.

22. How has your interest in sex been in the past week (not activity or opportunity, but your level of interest)? Has there been any change in your interest (from when you were not depressed)? Is sex something you've thought about this week? Is that unusual for you?

22. Sexual Interest:

- 0 Has usual interest in or derives usual pleasure from sex.
- 1 Has near usual interest in or derives some pleasure from sex.
- 2 Has little desire for or rarely derives pleasure from sex.
- 3 Has absolutely no interest in or derives no pleasure from sex.

23. Have you felt slowed down in your thinking, speaking, or movement in the past week? Have others commented on this? **(RATING BASED ON OBSERVATION DURING INTERVIEW AND PATIENT SELF-REPORT.)**

23. Psychomotor Slowing:

- 0 Normal speed of thinking, gesturing, and speaking.
- 1 Patient notes slowed thinking, and voice modulation is reduced.
- 2 Takes several seconds to respond to most questions; reports slowed thinking.
- 3 Is largely unresponsive to most questions without strong encouragement.

24. Have you noticed feeling restless or fidgety in the past week? Have you found yourself unable to stay seated or needing to move around? **(RATING BASED ON OBSERVATION DURING INTERVIEW AND PATIENT SELF-REPORT.)**

24. Psychomotor Agitation:

- 0 No increased speed or disorganization in thinking or gesturing.
- 1 Fidgets, wrings hands and shifts positions often.
- 2 Describes impulse to move about and displays motor restlessness.
- 3 Unable to stay seated. Paces about with or without permission.

25. In the past week, have you had any of the following physical symptoms? **(READ EACH SYMPTOM, PAUSING AFTER EACH FOR A REPLY.)** How much have these things been bothering you in the past week? (How bad have they gotten? How much of the time have you had them?)

25. Somatic Complaints:

- 0 States there is no feeling of limb heaviness or pains.
- 1 Complains of headaches, abdominal, back or joint pains that are intermittent and not disabling.
- 2 Complains that the above pains are present most of the time.
- 3 Functional impairment results from the above pains.

26. Sympathetic Arousal:

- 0 Reports no palpitations, tremors, blurred vision, tinnitus or increased sweating, dyspnea, hot and cold flashes, chest pain.
- 1 The above are mild and only intermittently present.
- 2 The above are moderate and present more than half the time.
- 3 The above result in functional impairment.

28. Gastrointestinal:

- 0 Has no change in usual bowel habits.
- 1 Has intermittent constipation and/or diarrhea that is mild.
- 2 Has diarrhea and/or constipation most of the time that does not impair functioning.
- 3 Has intermittent presence of constipation and/or diarrhea that requires treatment or causes functional impairment.

27. Have you suddenly felt intensely frightened, anxious or extremely uncomfortable? Extremely panicky for no apparent reason? Has this occurred in the past 7 days? When did it last occur? What happened?

Are there situations or things that you persistently dislike or avoid because they make you anxious? Any phobias? Have you noticed this avoidance increasing in the past week?

27. Panic/Phobic Symptoms:

- 0 Has neither panic episodes nor phobic symptoms.
- 1 Has mild panic episodes or phobias that do not usually alter behavior or incapacitate.
- 2 Has significant panic episodes or phobias that modify behavior, but do not incapacitate.
- 3 Has incapacitating panic episodes at least once a week or severe phobias that lead to complete and regular avoidance behavior.

29. Have you felt easily rejected, slighted or criticized by others? How often has this occurred? How do you respond when that happens—angry, down, etc.? (Probe severity of reaction) How does this impact upon your ability to relate with others socially or complete work tasks?

29. Interpersonal Sensitivity:

- 0 Has not felt easily rejected, slighted, criticized or hurt by others at all.
- 1 Occasionally feels rejected, slighted, criticized or hurt by others.
- 2 Often feels rejected, slighted, criticized or hurt by others, but with only slight effects on social/occupational functioning.
- 3 Often feels rejected, slighted, criticized or hurt by others that results in impaired social/occupational functioning.

30. During the past week, have you had feelings of being weighted down, like you had lead weights on your arms and legs? How many days? How much of the time? Do these symptoms interfere with your day-to-day activities?

30. Leaden Paralysis/Physical Energy:

- 0 Does not experience the physical sensation of feeling weighted down and without physical energy.
- 1 Occasionally experiences periods of feeling physically weighted down and without physical energy, but without a negative effect on work, school, or activity level.
- 2 Feels physically weighted down (without physical energy) more than half the time.
- 3 Feels physically weighted down (without physical energy) most of the time, several hours per day, several days per week.

Range: 0-84

Score: _____