

Hamilton Rating Scale for Depression

Name: _____ Date: _____
 OCC: _____ Height: _____ Weight: _____
 Month/Year Provider: _____ Phone: _____

Questions

1. **Depressed Mood: Sadness, hopelessness, worthlessness**
 Absent (0) Indicated upon questioning (1) Spontaneously reported (2)
 Feeling overwhelmed/overwhelmed (3) Patient reports virtually only these feelings (4)
2. **Feelings of Guilt**
 Absent (0) Self-blame (1) Guilt over past errors, sins or deeds (2)
 Delusions of guilt (offense or punishment) (3) Experiences autonomy remorse/fault-finding (4)
3. **Worth**
 Absent (0) Feels life is not worth living (1) Wishes for death (2)
 Suicide ideas or gestures (3) Attempts at suicide (4)
4. **Insomnia Early**
 No difficulty falling asleep (0) Occasional difficulty falling asleep more than 1 hour (1)
 Slightly difficulty falling asleep (2)
5. **Insomnia Middle**
 No difficulty falling asleep (0) Restless and disturbed throughout the night (1)
 Frequent waking during the night/getting out of bed (2)
6. **Insomnia Late**
 No difficulty falling asleep (0) Waking early but going back to sleep (1)
 Unable to go back to sleep if awake gets out of bed (2)
7. **Work and Activities**
 No difficulty (0) Thoughts/feelings of incapacity/loss of initiative (1) Loss of interest (2)
 Decrease in work/efficiency (3) Stopped working because of present illness (4)
8. **Retardation: Psychomotor Slowness of thought and speech, impaired ability to concentrate**
 Normal speech/thought (0) Slight retardation (1) Obvious retardation (2)
 Interview made difficult by retardation (3) Complete stupor (4)
9. **Agitation**
 None (0) Fidgetiness (1) Flapping with hands, feet, etc. (2)
 Can't sit still (3) Head-wringing, nail-biting, lip-chewing, hair-pulling, etc. (4)
10. **Anxiety (Psychological)**
 No difficulty (0) Subjective tension/irritability (1) Worrying about minor matters (2)
 Apprehensive attitude apparent in discourse (3) Fear expressed without questioning (4)
11. **Anxiety (Somatic)/Concentration of anxiety (Tachycardia, chest pain, palpitation, headache, sweating)**
 Absent (0) Mild (1) Moderate (2)