

Hamilton Rating Scale for Depression

Name: _____ Date: _____
DOB: _____ Height: _____ Weight: _____
Health Care Provider: _____ Phone: _____

Questions

- 1. Depressed Mood: Sadness, hopelessness, worthlessness**
 Absent (0) Indicated upon questioning (1) Spontaneously reported (2)
 Feeling communicated nonverbally (3) Patient reports virtually only these feelings (4)
- 2. Feelings of Guilt**
 Absent (0) Self-reproach (1) Guilt over past errors, sins or deeds (2)
 Delusions of guilt (illness as punishment) (3) Experiences accusatory voices/hallucinations (4)
- 3. Suicide**
 Absent (0) Feels life is not worth living (1) Wishes for death (2)
 Suicidal ideas or gestures (3) Attempts at suicide (4)
- 4. Insomnia Early**
 No difficulty falling asleep (0) Occasional difficulty falling asleep (more than 1/2 hour) (1)
 Nightly 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 he/she gets out of bed (2)
- 7. Work and Activities**
 No difficulty (0) Thoughts/feelings of incapacity/fatigue/weakness (1) Loss of interest (2)
 Decrease in time spent/productivity (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)
 Interviews made difficult by retardation (3) Complete stupor (4)
- 9. Agitation**
 None (0) Fidgetiness (1) Picking with hands, hair, etc. (2)
 Can't sit still (3) Hand-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 free speech (3) Fears expressed without questioning (4)
- 11. Anxiety (Somatic) Concentrants of anxiety (indigestion, diarrhea, palpitations, headaches, sweating)**
 Absent (0) Mild (1) Moderate (2)