Hamilton Rating Scale for Depression

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

Question

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 ½ 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)
☐ Interview made difficult by retardation (3) ☐ Complete stupor (4)

9. **Agitation**
☐ None (0) ☐ Fidgetiness (1) ☐ Playing 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 face/speech (3) ☐ Fears expressed without questioning (4)

11. **Anxiety (Somatic)** Concomitants of anxiety (indigestion, diarrhea, palpitations, headaches, sweating)
☐ Absent (0) ☐ Mild (1) ☐ Moderate (2)