The Hamilton Rating Scale for Depression (HAM-D)

Name or ID: ____________________________________________ Date: ______________________

**Instructions:** For each item, select the one “cue” which best characterizes the patient.

1. **Depressed Mood** *(Sadness, hopelessness, helplessness, worthlessness)*
   - 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/her spontaneous verbal and non-verbal communication

2. **Feelings of Guilt**
   - 0 Absent
   - 1 Self-reproach, feels he/she 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/she were dead or any thoughts of possible death to self
   - 3 Suicidal ideas or gestures
   - 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 he/she 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, indecision, and vacillation *(feels he/she 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 hands, hair, etc.
   - 2 Hand-wringing, nail-biting, hair-pulling, biting of lips


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10. Anxiety Psychic
0 No difficulty
1 Subjective tension and irritability
2 Worrying about minor matters
3 Apprehensive attitude apparent in face or speech
4 Fears expressed without questioning

11. Anxiety Somatic
Physiological concomitants of anxiety such as:
Gastrointestinal—dry mouth, wind, indigestion, diarrhea, cramps, belching
Cardiovascular—palpitations, headaches
Respiratory—hyperventilation, sighing
Urinary frequency
Sweating

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 medication 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
Symptoms such as:
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 Frequent complaints, requests for help, etc.
4 Hypochondriacal delusions

16. Loss of Weight (Rate either A or B)
A. When Rating by History:
0 No weight loss
1 Probable weight loss associated with present illness
2 Definite (according to patient) weight loss
3 Not assessed

B. On Weekly Ratings by Ward Psychiatrist, When Actual Weight 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
3 Not assessed

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: _______