

St. Clair County Community Mental Health Authority  
**Hamilton Depression Rating Scale (HAM-D)**

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Individual: \_\_\_\_\_ Case #: \_\_\_\_\_ Date: \_\_\_\_\_

**1. DEPRESSED MOOD (SADNESS, HOPELESSNESS, 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 nonverbal 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 ☐ Ideas or gestures of suicide.
- 4 ☐ Attempts at suicide (any serious attempt rate 4).

**4. INSOMNIA: EARLY IN THE NIGHT**

- 0 ☐ No difficulty falling asleep.
- 1 ☐ Complains of occasional difficulty falling asleep, i.e. more than ½ hour.
- 2 ☐ Complains of nightly difficulty falling asleep.

**5. INSOMNIA: MIDDLE OF THE NIGHT**

- 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: EARLY HOURS OF THE MORNING**

- 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 the 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. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.
- 4 ☐ Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.

**8. RETARDATION** (slowness of thought and speech, impaired ability to concentrate, decreased motor activity)

- 0 ☐ Normal speech and thought.
- 1 ☐ Slight retardation during the interview.
- 2 ☐ Obvious retardation during the interview.
- 3 ☐ Interview difficult.
- 4 ☐ Complete stupor.

**9. AGITATION**

- 0 ☐ None.
- 1 ☐ Fidgetiness.
- 2 ☐ Playing with hands, hair, etc.
- 3 ☐ Moving about, can't sit still.
- 4 ☐ Hand wringing, nail biting, hair-pulling, biting of lips.

**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 gastrointestinal symptoms.

#### 16. LOSS OF WEIGHT (rate either A or B)

##### A) According to the patient:

- 0 ☐ No weight loss.
- 1 ☐ Probable weight loss associated with present illness.
- 2 ☐ Definite (according to patient) weight loss.
- 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.

#### 13. GENERAL SOMATIC SYMPTOMS

- 0 ☐ None.
- 1 ☐ Heaviness in limbs, back, or head. Backaches, headaches, 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.

##### B) According to weekly measurements:

- 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.

TOTAL SCORE: \_\_\_\_\_ Completed By (Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_