HAMILTON
RATING SCALE
FOR DEPRESSION

Patient Name: ____________________________
Rater Name: ______________________________
Date: ________________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depressed mood</strong></td>
<td></td>
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<tr>
<td>Sad, hopeless, helpless, worthless</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
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<tr>
<td>1 = Gloomy attitude, pessimism, hopelessness</td>
<td></td>
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<tr>
<td>2 = Occasional weeping</td>
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<tr>
<td>3 = Frequent weeping</td>
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<tr>
<td>4 = Patient reports highlight these feelings state in his/her spontaneous verbal and non-verbal communication.</td>
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<tr>
<td><strong>Feelings of guilt</strong></td>
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<tr>
<td>0 = Absent</td>
<td></td>
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<tr>
<td>1 = Self-reproach, feels he/she has let people down</td>
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<tr>
<td>2 = Ideas of guilt or rumination over past errors or sinful deeds</td>
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<tr>
<td>3 = Present illness is punishment</td>
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<tr>
<td>4 = Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations. Delusions of guilt.</td>
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<tr>
<td><strong>Suicide</strong></td>
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<tr>
<td>0 = Absent</td>
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<tr>
<td>1 = Feels life is not worth living</td>
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<tr>
<td>2 = Wishes he/she were dead, or any thoughts of possible death to self</td>
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<tr>
<td>3 = Suicide, ideas or half-hearted attempt</td>
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<tr>
<td>4 = Attempts at suicide (any serious attempt rates 4)</td>
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<tr>
<td><strong>Insomnia, early</strong></td>
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<tr>
<td>0 = No difficulty falling asleep</td>
<td></td>
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<tr>
<td>1 = Complaints of occasional difficulty in falling asleep i.e. more than half-hour</td>
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<tr>
<td>2 = Complaints of nightly difficulty falling asleep</td>
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<tr>
<td><strong>Insomnia, middle</strong></td>
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<tr>
<td>0 = No difficulty</td>
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<tr>
<td>1 = Patient complains of being restless and disturbed during the night</td>
<td></td>
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<tr>
<td>2 = Walking during the night – any getting out of bed rates 2 (except voiding bladder)</td>
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<tr>
<td><strong>Insomnia, late</strong></td>
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<tr>
<td>0 = No difficulty</td>
<td></td>
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<tr>
<td>1 = Waking in the early hours of the morning but goes back to sleep</td>
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<tr>
<td>2 = Unable to fall asleep again if he/she gets out of bed</td>
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</tbody>
</table>

Page 1 Score ________

Provided by the Internet Stroke Center — www.strokecenter.org
Work and activities

0 = No difficulty
1 = Thoughts and feelings of incapacity related to activities: work or hobbies
2 = Loss of interest in activity – hobbies or work – either directly reported by patient or indirectly seen in listlessness, in decisions 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
4 = Stopped working because of present illness. In hospital rate 4 if patient engages in no activities except supervised ward chores

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 = Interview impossible

Agitation
0 = None
1 = Fidgetiness
2 = Playing with hands, hair, obvious restlessness
3 = Moving about; can’t sit still
4 = Hand wringing, nail biting, hair pulling, biting of lips, patient is on the run

Anxiety, psychic
Demonstrated by:
• subjective tension and irritability, loss of concentration
• worrying about minor matters
• apprehension
• fears expressed without questioning
• feelings of panic
• feeling jumpy
0 = Absent
1 = Mild
2 = Moderate
3 = Severe
4 = Incapacitating

Page 2 Score
Anxiety, somatic
Physiological concomitants of anxiety such as:

- gastrointestinal: dry mouth, wind, indigestion, diarrhea, cramps, belching
- cardiovascular: palpations, headaches
- respiratory: hyperventilation, sighing
- urinary frequency
- sweating
- giddiness, blurred vision
- tinnitus
  0 = Absent
  1 = Mild
  2 = Moderate
  3 = Severe
  4 = Incapacitating

Somatic symptoms: gastrointestinal
  0 = None
  1 = Loss of appetite but eating without encouragement
  2 = Difficulty eating without urging. Requests or requires laxatives or medication for GI symptoms

Somatic symptoms: general
  0 = None
  1 = Heaviness in limbs, back or head; backaches, headaches, muscle aches, loss of energy, fatigability
  2 = Any clear-cut symptom rates 2

General Symptoms
Symptoms such as: loss of libido, menstrual disturbances
  0 = Absent
  1 = Mild
  2 = Severe

Hypochondriasis
  0 = Not present
  1 = Self-absorption (bodily)
  2 = Preoccupation with health
  3 = Strong conviction of some bodily illness
  4 = Hypochondrial delusions

Page 3 Score
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

B  Actual weight changes (weekly):
   0 = Less than 1 lb (0.5 kg) weight loss in one week
   1 = 1-2 lb (0.5 kg-1.0 kg) weight loss in week
   2 = Greater than 2 lb (1 kg) weight loss in week
   3 = Not assessed

Insight
   0 = Acknowledges being depressed and ill
   1 = Acknowledges illness but attributes cause to bad food, overwork, virus, need for rest, etc.
   2 = Denies being ill at all

Page 4 Score ______
TOTAL Score ______

Reference
Hamilton M. “Development of a rating scale for primary depressive illness.”