HAMILTON DEPRESSION RATING SCALE (HAM-D)

(HAM)

Patient Information											
Patient		Date	Day		Mth.		Year		Time	Hour		Min	
Personal notes													

TICK APPROPRIATE BOX FOR EACH ITEM

1. Depressed mood This item covers both the verbal and the non-verbal communication of sadness, depression, despondency, helplessness and hopelessness.	
0 - Neutral mood.	☐
1 – When it is doubtful whether the patient is more despondent or sad than usual. E.g. the patient vaguely indicates to be more depressed than usual.	☐
2 – When the patient more clearly is concerned with unpleasant experiences, although he still is without helplessness or hopelessness.	☐
3 – The patient shows clear non-verbal signs of depression and/or is at times overpowered by helplessness or hopelessness.	☐
4 – The patient's remark on despondency and helplessness or the non-verbal ones dominate the interview in which the patient cannot be distracted.	☐

2. Self-depreciation and guilt feelings This item covers the lowered self-esteem with guilt feelings.	
0 – No self-depreciation or guilt feelings.	☐
1 – Doubtful whether guilt feelings are present, because the patient is only concerned with the fact that he during the actual illness has been a burden to the family or colleagues due to reduced work capacity.	☐
2 – Self-depreciation or guilt feelings are more clearly present because the patient is concerned with incidents in the past prior to the actual episode. E.g. the patient reproaches himself small omissions or failures, not to have done his duty or to have harmed others.	☐
3 – The patient suffers from more severe guilt feelings. He may express that he feels that the actual suffering is some sort of a punishment. Score 3 as long as the patient intellectually can see that his view is unfounded.	☐
4 – The guilt feelings are firmly maintained and resist any counterargument, so that they have become paranoid ideas.	☐

3. Suicidal impulses	
0 – No suicidal impulses.	☐
1 – The patient feels that life is not worthwhile, but he expresses no wish to die.	☐
2 – The patient wishes to die, but has no plans of taking his own life.	☐
3 – It is probable that the patient contemplates to commit suicide.	☐
4 – If during the days prior to the interview the patient has tried to commit suicide or if the patient in the ward is under special observation due to suicidal risk.	☐

4-6: Note: Administration of drugs- sedative or others – shall be disregarded

4. Initial insomnia	
0 – Absent	☐
1 – When the patient 1 (-2) out of the last 3 nights has had to lie en bed for more than 30 minutes before falling asleep.	☐
2 – When the patient all 3 nights has been in bed for more than 30 minutes before falling asleep.	☐

5. Middle insomnia The patient wakes up one or more times between midnight and 5 a.m. (if for voiding purpose followed by immediate sleep rate 0).	
0 – Absent	☐
1 – Once or twice during the last 3 nights.	☐
2 – At least once every night.	☐

6. Delayed insomnia = Premature awakening The patient wakes up before planned by himself or his surroundings.	
0 – Absent	☐
1 – Less than 1 hour (and may fall asleep again).	☐
2 – Constantly – or more than 1 hour too early.	☐

7. Work and interests This item includes both work carried out and motivation. Note, however, that the assessment of tiredness and fatigue in their physical manifestations is included in item 13 (general somatic symptoms) and in item 23 (tiredness and pain). **A. At first rating of the patient**	
0 – Normal work activity.	☐
1 – When the patient expresses insufficiency due to lack of motivation, and/or trouble in carrying out the usual workload, which the patient, however, manages to do without reduction.	☐
2 – More pronounced insufficiency due to lack of motivation and/or trouble in carrying out the usual work. Here the patient has reduced work capacity, cannot keep normal speed, copes with less job or in the home; the patient may stay home some days or may try to leave early.	☐
3 – When the patient has been sick-listed, or if the patient has been hospitalized (as day-activities).	☐
4 – When the patient is fully hospitalized and generally unoccupied without participation in the ward activities.	☐
B. At weekly ratings	
0 – Normal work activity. a) The patient has resumed work at his/her normal activity level. b) When the patient will have no trouble to resume normal work.	☐
1 a) The patient is working, but at a reduced activity level, either due to lack of motivation or due to difficulties in the accomplishment of his normal work. b) The patient is not working and it is still doubtful that he can resume his normal work without difficulties.	
2 – The patient is working, but at a clearly reduced level, either due to episodes of non-attendance or due to reduced work time. The patient is still hospitalized or sick-listed, participates more than 3-4 hours per days in ward (or home) activities, but is only capable to resume normal work at a reduced level. If hospitalized the patient is able to change from full stay to day-patient status.	☐
3 – When the patient has been sick-listed, or if the patient has been hospitalized (as day-activities).	☐
4 – When the patient is fully hospitalized and generally unoccupied without participation in the ward activities.	☐

8. Retardation (general)	
0 – Normal verbal activity, normal motor activity with adequate facial expression.	☐
1 – Conversational speed doubtfully or slightly reduced and facial expression doubtfully or slightly stiffened (retarded).	☐
2 – Conversational speed clearly reduced with intermissions; reduced gestures and slow pace.	☐
3 – The interview is clearly prolonged due to long latencies and brief answers; all movements were slow.	☐
4 – The interview cannot be completed, retardation approaches (and includes) stupor.	☐

9. Agitation	
0 – Normal motor activity with adequate facial expression.	☐
1 – Doubtful or slight agitation. E.g. tendency to changing position in chair or at times scratching his head.	☐
2 – Fidgeting; wringing hands, changing position in chair again and again. Restless in ward, with some pacing.	☐
3 – Patient cannot stay in chair during interview and/or much pacing in ward.	☐
4 – Interview has to be conducted “on the run”. Almost continuous pacing. Pulling off clothes, tearing his hair.	☐

10. Anxiety (psychic) This item includes tenseness, irritability, worry insecurity, fear and apprehension approaching overpowering dread. It may often be difficult to distinguish between the patient's experience of anxiety ("psychic" or "central" anxiety phenomena) and the physiological ("peripheral") anxiety manifestations, which can be observed, e.g., hand tremor and sweating. Most important is the patient's report on worry, insecurity, uncertainty, and experiences of dreadfulness i.e. the psychic ("central") anxiety.	
0 – The patient is neither more nor less insecure or irritable than usual.	☐
1 – It is doubtful whether the patient is more insecure or irritable than usual.	☐
2 – The patient expresses more clearly to be in a state of anxiety, apprehension or irritability, which he may find difficult to control. It is thus without influence on the patient's daily life, because the worrying is still about minor matters.	☐
3 – The anxiety or insecurity is at times more difficult to control, because the worrying is about major injuries or harms, which might occur in the future. E.g.: the anxiety may be experienced as panic, i.e. overpowering dread. Has occasionally interfered with the patient's daily life.	☐
4 – The feeling of dreadfulness is present so often that it markedly interferes with the patient's daily life.	☐

11. Anxiety (somatic) This item includes physiological concomitants of anxiety: All feeling states should be rated under item 10 and not here.	
0 – When the patient is neither more nor less prone than usual to experience somatic concomitants of anxiety feeling states.	☐
1 – When the patient occasionally experiences slight manifestations like abdominal symptoms, sweating or trembling. However, the description is vague and doubtful.	☐
2 – When the patient from time to time experiences abdominal symptoms, sweating trembling etc. Symptoms and signs are clearly described, but are not marked or incapacitating, i.e. still without influence on the patient's daily life.	☐
3 – Physiological concomitants of anxious feeling states are marked and sometimes very worrying. Interfere occasionally with the patient's daily life.	☐
4 – The feeling of dreadfulness is present so often that it markedly interferes with the patient's daily life.	☐

12. Gastro-Intestinal Symptoms may stem from the entire gastro-intestinal tract. Dry mouth, loss of appetite, and constipation are more common than abdominal cramps and pains. Must be distinguished from gastro-intestinal anxiety symptoms ("butterflies in the stomach") or loose bowel movements) and also from nihilistic ideas (no bowel movements for weeks or months; the intestines have withered away) which should be rated under 15 (Hypochondriasis).	
0 – No gastro-intestinal complaints (or symptoms unchanged from before onset of depression).	☐
1 – Eats without encouragement by staff, and food intake is about normal, but without relish (all dishes taste alike and cigarettes are without flavour). Sometimes constipated.	☐
2 – Food intake reduced, patient has to be urged to eat. As a rule clearly constipated. Laxatives are often tried, but are of little help.	☐

13. General Somatic Central is feelings of fatigue and exhaustion, loss of energy. But also diffuse muscular achings and pains in neck, back or limbs, e.g. muscular headache.	
0 – The patient is neither more nor less tired or troubled by bodily discomfort than usual.	☐
1 – Doubtful or very vague feelings of muscular fatigue or other somatic discomfort.	☐
2 – Clearly or constantly tired and exhausted, and/or troubled by bodily discomforts, e.g. muscular headache.	☐

14. Sexual Interests This subject I often difficult to approach, especially with elderly patients. In males try to ask questions concerning sexual preoccupation and drive, in females responsiveness (both to engage in sexual activity and to obtain satisfaction in intercourse).	
0 – Not unusual.	☐
1 – Doubtful or mild reduction in sexual interest and enjoyment.	☐
2 – Clear loss of sexual appetite often functional impotence in men and lack of arousal or plain disgust in women.	☐

15. Hypochondriasis Preoccupation with bodily symptoms or functions (in the absence of somatic disease).	
0 – The patient pays no more interest than usual to the slight bodily sensations of every day life.	☐
1 – Slightly or doubtfully more occupied than usual with bodily symptoms and functions.	☐
2 – Quite worried about his physical health. The patient expresses thoughts of organic disease with a tendency to "somatise" the clinical presentation.	☐
3 – The patient is convinced to suffer from a physical illness, which can explain all his symptoms (brain tumour, abdominal cancer, etc.), but the patient can for a brief while be reassured that this is not the case.	☐
4 – The preoccupation with bodily dysfunction has clearly reached paranoid dimensions. The hypochondriacal delusions often have a nihilistic quality or guilt associations: to be rotting inside; insects eating the tissues; bowels blocked and withered away, other patients are being infected by the patient's bad odour or his syphilis. Counter-argumentation is without effect.	☐

16. Loss of insight This item has, of course, only meaning if the observer is convinced that the patient at the interview still is in a depressive state.	
0 – The patient agrees to have depressive symptoms or a "nervous" illness.	☐
1 – The patient still agrees to being depressed, but feels this to be secondary to non-illness related conditions like malnutrition, climate, overwork.	☐
2 – Denies being ill at all. Delusional patients are by definition without insight. Enquiries should therefore be directed to the patient's attitude to his symptoms of Guilt (item 2) or Hypochondriasis (item 15), but other delusional symptoms should also be considered.	☐

17. Weight loss Try to get objective information; if such is not available be conservative in estimation. **A. At first interview this item covers the whole actual period of illness**	
0 – No weight loss.	☐
1 – 1-2.5 kg weight loss.	☐
2 – Weight loss of 3 kg or more.	☐
B. At weekly interviews	
0 – No weight loss.	☐
1 – ½ kg pr week.	☐
2 – 1 kg or more per week.	☐