

Hamilton Rating Scale for Depression-17 Item (HAM-D₁₇)

Instructions: For each item circle the number next to the “cue” that best characterizes the patient during the past week.

1. DEPRESSED MOOD (Sadness, hopeless, helpless, worthless)	0. Absent 1. These feelings indicated only on questioning 2. These feelings spontaneously reported verbally 3. Communicates feeling states nonverbally, ie, through facial expression 4. Patient reports VIRTUALLY ONLY these feeling states in his spontaneous verbal and nonverbal communication
2. FEELINGS OF GUILT	0. Absent 1. Self-reproach, feels he 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 were dead or any thoughts of possible death to self 3. Suicide ideas or gesture 4. Attempts at suicide (any serious attempt rates 4)
4. INSOMNIA EARLY	0. No difficulty falling asleep 1. Complains of occasional difficulty falling asleep, ie, 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 purpose of voiding)
6. INSOMNIA LATE	0. No difficulty 1. Walking in early hours of the morning but goes back to sleep 2. Unable to fall asleep again if gets out of bed

7. WORK AND ACTIVITIES	<ul style="list-style-type: none"> 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 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 3 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)	<ul style="list-style-type: none"> 0. Normal speech and thought 1. Slight retardation at interview 2. Obvious retardation at interview 3. Interview difficult 4. Complete stupor
9. AGITATION	<ul style="list-style-type: none"> 0. None 1. “Playing with” hands, hair, etc. 2. Hand-wringing, nail-biting, hair-pulling, biting of lips
10. ANXIETY PSYCHIC	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 0. Absent 1. Mild 2. Moderate 3. Severe 4. Incapacitating <p style="margin-left: 20px;">Physiological concomitants of anxiety, such as: Gastrointestinal—dry mouth, wind, indigestion, diarrhea, cramps, belching Cardiovascular—palpitations, headaches Respiratory—hyperventilation, sighing Urinary frequency Sweating</p>

12. SOMATIC SYMPTOMS GASTRO-INTESTINAL	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 GI 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 clearcut symptom rates 2	
14. GENITAL SYMPTOMS	0. Absent	Symptoms such as: Loss of libido Menstrual disturbances
	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	A. WHEN RATING BY HISTORY:	<u>NOTE: RATE ACCORDING TO "A" AT FIRST VISIT.</u>
	0. No weight loss	
	1. Probable weight loss associated with present illness	<u>RATE ACCORDING TO "B" AT ALL OTHER VISITS.</u>
	2. Definite (according to patient) weight loss	
	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	
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: _____