

Appendix A

Hamilton Rating Scale for Depression

A.1 Instructions

1. This scale is to be used to provide an objective measure of the severity of the symptoms which a depressed patient is CURRENTLY EXPERIENCING.
2. This scale is NOT to be used as a measure of change in symptoms since the last rating and such questions are NOT to be asked.
3. The presence and severity of the following symptoms are to be rated over the preceding SEVEN (7) DAYS FOR OUTPATIENTS AND THREE (3) DAYS FOR INPATIENTS.
4. The guidelines for each item must be followed carefully and the most appropriate FULL score should be used. The use of HALF SCORES IS NOT PERMITTED. All items must be rated on the basis of the patient's actual report; place score on appropriate line for each item. Please ensure all lines are completed.
5. Since diurnal variation in mood is a prominent feature of depression, this scale should be administered at approximately the same time of day to avoid this bias in the score. The development of this form was supported in part by NIMH Grants MH29618 and MH30915 as well as a grant from the John D. and Catherine T. MacArthur Research Network on the Psychobiology of Depression.

A.2 Questions

1. DEPRESSED MOOD (0 - 4)

- 0 = NOT DEPRESSED
- 1 = DOUBTFUL or TRIVIAL: Behavioral evidence and feeling state elicited only on direct questioning.
- 2 = MILD: Occasional weeping, feeling state spontaneously.
- 3 = MODERATE: Obvious behavioral evidence, frequent weeping and behavioral state comprises a large part of spontaneous communication.
- 4 = SEVERE: Exhibits virtually only this feeling state in spontaneous verbal and nonverbal communications. Judge by nonverbal behavior in the presence of severe retardation.

2. GUILT FEELINGS (0 - 4)

- 0 = ABSENT
- 1 = DOUBTFUL or TRIVIAL: Feelings of self reproach or letting people down.
- 2 = MILD: Ideas of guilt spontaneously expressed.
- 3 = MODERATE: Belief that illness may be a punishment, ruminations over past errors or signs, may state that illness and suffering are deserved.
- 4 = SEVERE: Guilty delusions, accuses self of unlikely or impossible blame, asks to be killed by staff because of delusional thoughts, may have accusing and denouncing auditory or visual hallucinations, or conviction of imminent execution. May be convinced that presence is making others ill.

3. SUICIDE (0 - 4)

- 0 = ABSENT
- 1 = DOUBTFUL or TRIVIAL: In response to direct questioning says life is empty, not worth living.
- 2 = MILD: Recurrent thoughts of death, death spontaneously given or elicited only by questioning.

- 3 = MODERATE: Includes (2) together with active suicidal thoughts, or behavior indicative of same, e.g., isolation, suicide gestures or threats or discussion with others.
- 4 = SEVERE: Suicide attempt.

4. **INITIAL INSOMNIA (0 - 2)** - Difficulty getting to sleep after going to bed.

- 0 = ABSENT
- 1 = MILD, TRIVIAL, INFREQUENT: Less than 30 minutes.
- 2 = OBVIOUS AND SEVERE: More than 30 minutes on most nights.

5. **MIDDLE INSOMNIA (0 - 2)** - Difficulty staying asleep 12 midnight - 3 A.M.

- 0 = ABSENT
- 1 = MILD, INFREQUENT: Patient complains of being restless and disturbed during the night. If wakes to void, unable to return to sleep quickly.
- 2 = OBVIOUS AND SEVERE: Patient wakes once or more after being asleep and has difficulty sleeping again. Any getting out of bed (other than to void) rates 2. (Same for smoking or reading in bed on waking).

6. **DELAYED INSOMNIA (0 - 2)** - Early morning awakening.

- 0 = ABSENT
- 1 = MILD, INFREQUENT: Wakes earlier than usual but eventually sleeps again until normal time of rising.
- 2 = OBVIOUS AND SEVERE: Wakes 1-3 hours before usual time and is unable to sleep again.

7. **WORK AND INTEREST (0 - 4)**

- 0 = NO DISTURBANCE
- 1 = DOUBTFUL or TRIVIAL: Feels incapable, listless, is less efficient, distinguish from fatigue and loss of energy.
- 2 = MILD: Has to push to undertake normal activities, loss of interest, sees no point, gets less satisfaction.

- 3 = MODERATE: Clearly decreased efficiency, gets less done, e.g., at work or home spends less time at working, usual chores or recreations. In hospital rate 3 if patient does not engage in activities spontaneously, marked loss of personal tidiness.
 - 4 = SEVERE: Stopped working because of illness. Does not shave, bathe, etc. Does not take part in ward activities even when urged to or does not perform ward chores unassisted.
8. **RETARDATION (0 - 4)** - Psychomotor. Slowing of thought, speech, and movement should be rated by both observation and self report.
- 0 = ABSENT
 - 1 = MILD: Slight flattening of affect, fixity of expression.
 - 2 = MODERATE: Monotonous voice, delayed in answering questions, tends to sit motionless.
 - 3 = SEVERE: Retardation prolongs interview to a marked degree, slowness of movement and gait, with diminished associated movement. Abnormal time to complete self-ratings.
 - 4 = EXTREME: Depressive stupor, interview impossible.
9. **AGITATION (0 - 4)** - Psychomotor, in mild form can be present together with mild retardation. May also have motor agitation with verbal retardation rate by both observation and self report.
- 0 = ABSENT
 - 1 = MILD: Fidgety at interview, clenching fists or side of chair, kicking feet.
 - 2 = MODERATE: Wringing hands, biting lips, pulling hair, gesturing with arms, picking at hands and clothes, restlessness on ward with some pacing.
 - 3 = SEVERE: Includes features of (2). In addition cannot stay in chair during interview. Much pacing on ward.
 - 4 = EXTREME: Interview has to be conducted "on the run". Pulling off clothes, tearing at hair, picking at face. Almost continuous pacing. Patient looks bewildered and distraught.

10. **ANXIETY (PSYCHOLOGICAL) (0 - 4)** - Rate as present features - many symptoms are included here: Tense, unable to relax, irritable, easily startled, worrying over trivia (distinguish from morbid depressive ruminations); Phobic symptoms; apprehensive of impending doom, fear of loss of control; panic episodes.

- 0 = ABSENT
- 1 = DOUBTFUL or TRIVIAL: Expresses feeling states only on direct questioning. Few symptoms and low frequency.
- 2 = MILD: Spontaneously expresses feeling states. Good control and not incapacitating.
- 3 = MODERATE: Behavioral evidence of anxiety (distinguish from agitation); spontaneous expression of feeling states in significant number and frequency.
- 4 = SEVERE: Feeling states comprise large part of spontaneous verbal and non-verbal communication, panic episodes observed.

11. **ANXIETY (SOMATIC) (0 - 4)** - Physiological concomitants of anxiety, (i.e., effects of autonomic over-activity, “butterflies”, indigestion, stomach cramps, belching, diarrhea, palpitations, hyperventilation, paresthesia, sweating, flushing, tremor, headache, urinary frequency) Avoid asking about possible medication, side effects (i.e., dry mouth, constipation).

- 0 = ABSENT
- 1 = DOUBTFUL or TRIVIAL: Minor symptoms elicited only by direct questioning.
- 2 = MILD: Spontaneously describes symptoms, which are not marked or incapacitating.
- 3 = MODERATE: Greater number and frequency of symptoms than (2). Accompanied by more subjective distress and serve to impair normal functioning.
- 4 = SEVERE: Symptoms are numerous, persistent incapacitating much of the time.

12. **LOSS OF APPETITE (0 - 2)**

- 0 = ABSENT

- 1 = MILD: Infrequent symptoms, eats without encouragement by others, food intake about normal.
 - 2 = OBVIOUS AND SEVERE: Marked reduction of appetite and food intake, difficulty eating without urging from others.
13. **ANERGIA (0 - 2)** - Fatigability; feels tired or exhausted; loss of energy; heavy, dragging feelings in arms or legs.
- 0 = ABSENT
 - 1 = MILD: Infrequent, feelings noted but not marked.
 - 2 = OBVIOUS AND SEVERE: Tires very quickly; exhausted much of the time, spontaneously mentions these symptoms.
14. **LOSS OF LIBIDO (0 - 2)**
- 0 = ABSENT
 - 1 = MILD: Loss of libido; impaired sexual performance.
 - 2 = OBVIOUS AND SEVERE: Complete loss of sexual appetite.
15. **HYPOCHONDRIASIS (0 - 4)** - Morbid preoccupation with real or imagined bodily symptoms or functions.
- 0 = ABSENT
 - 1 = MILD: Some preoccupation with bodily function and physical symptoms. (Trivial or doubtfully pathological score 1)
 - 2 = MODERATE: Much attention given to physical symptoms. Patient expresses thoughts of organic disease with tendency to “somatize” clinical presentation.
 - 3 = SEVERE: Convictions of organic disease to explain present condition, e.g., brain tumor, cancer.
 - 4 = EXTREME: Hypochondriacal delusions, often with guilty association, e.g., of syphilis, worms eating head, rotting inside, bowels blocked and will never function again, infecting other patients with bad odor, etc.
16. **LOSS OF INSIGHT (0 - 2)** - Denial of “nervous” illness. Attributes illness to virus, overwork, climate, physical symptoms. Does not recognize breaks with reality.

- 0 = ABSENT
- 1 = DOUBTFUL, MILD: Some denial.
- 2 = OBVIOUS AND SEVERE: Denies being ill at all; strong conviction that illness is not nervous in origin. Delusional patients (guilty, hypochondriasis) rate (2) by definition, as do those with fixed depressive ideation.

17. **WEIGHT LOSS (0 - 2)** - Decreased weight in the last two weeks (in absence of definite information). Should be confirmed with actual measures.

- 0 = ABSENT
- 1 = DOUBTFUL OR TRIVIAL: Less than 5 pounds.
- 2 = OBVIOUS AND SEVERE: Greater than or equal to 5 pounds.

