

RS=Disease Response and Clin Classification

RSCAT=HAMD 17

Hamilton Depression Rating Scale 17-Item

PLEASE COMPLETE THE SCALE BASED ON A STRUCTURED INTERVIEW

Instructions: for each item select the one "cue" which best characterizes the patient. Be sure to record the answers in the appropriate spaces (positions 0 through 4).

RSSTRESC/RSSTRESN

1 DEPRESSED MOOD (*sadness, hopeless, helpless, worthless*)

- | | | |
|---|--------------------------|---|
| 0 | <input type="checkbox"/> | Absent. |
| 1 | <input type="checkbox"/> | These feeling states indicated only on questioning. |
| 2 | <input type="checkbox"/> | These feeling states spontaneously reported verbally. |
| 3 | <input type="checkbox"/> | Communicates feeling states non-verbally, i.e. through facial expression, posture, voice and tendency to weep. |
| 4 | <input type="checkbox"/> | Patient reports virtually only these feeling states in his/her spontaneous verbal and non-verbal communication. |

RSTESTCD=HAMD101

2 FEELINGS OF GUILT

- | | | |
|---|--------------------------|---|
| 0 | <input type="checkbox"/> | Absent. |
| 1 | <input type="checkbox"/> | Self reproach, feels he/she has let people down. |
| 2 | <input type="checkbox"/> | Ideas of guilt or rumination over past errors or sinful deeds. |
| 3 | <input type="checkbox"/> | Present illness is a punishment. Delusions of guilt. |
| 4 | <input type="checkbox"/> | Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations. |

RSTESTCD=HAMD102

RSORRES

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RSTESTCD=HAMD103**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).

RSTESTCD=HAMD104**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. **RSTESTCD=HAMD105**
 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. **RSTESTCD=HAMD106**
 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. **RSTESTCD=HAMD107**
 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. **RSTESTCD=HAMD108**
 4 Complete stupor.

9 AGITATION **RSTESTCD=HAMD109**

- 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 **RSTESTCD=HAMD110**

- 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.

RSTESTCD=HAMD111**11 ANXIETY SOMATIC (physiological concomitants of anxiety) such as:**

gastro-intestinal – dry mouth, wind, indigestion, diarrhea, cramps, belching
cardio-vascular – palpitations, headaches
respiratory – hyperventilation, sighing
urinary frequency
sweating

- 0 Absent.
 1 Mild.
 2 Moderate.
 3 Severe.
 4 Incapacitating.

12 SOMATIC SYMPTOMS GASTRO-INTESTINAL

- 0 None. **RSTESTCD=HAMD112**
 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 gastro-intestinal symptoms.

13 GENERAL SOMATIC SYMPTOMS

- 0 None. **RSTESTCD=HAMD113**
 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) **RSTESTCD=HAMD114**

- 0 Absent.
 1 Mild.
 2 Severe.

15 HYPOCHONDRIASIS **RSTESTCD=HAMD115**

- 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 (RATE EITHER a OR b)

- | | |
|--|---|
| a) According to the patient: | b) According to weekly measurements: |
| 0 <input type="checkbox"/> No weight loss. | 0 <input type="checkbox"/> Less than 1 lb weight loss in week. |
| 1 <input type="checkbox"/> Probable weight loss associated with present illness. | 1 <input type="checkbox"/> Greater than 1 lb weight loss in week. |
| 2 <input type="checkbox"/> Definite (according to patient) weight loss. | 2 <input type="checkbox"/> Greater than 2 lb weight loss in week. |
| 3 <input type="checkbox"/> Not assessed. | 3 <input type="checkbox"/> Not assessed. RSTESTCD=HAMD116B |

17 INSIGHT **RSTESTCD=HAMD117**

- 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 score: **RSTESTCD=HAMD118**